Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			<u></u>						
Citizens for Ron Grossman									
Citizens for Kon Grossman Full Name of Contributor					Registration Number, if PAC				
Daniel L Longenette	Employed)delin-	tion/Labor Organization*	-	_		Form (Cash, Chec	k, etc.)	
Street Address	EmployenC	vecaba	HOW LAUGH O'EMITEMENT				Check		
1558 Hiner Rd	0		Zip Code	Тм	D	Y	Amount		
City	State	Н	l '	0 9	I . I	1 1		25.00	
Orient		11	43146		tion Numb			20.00	
Full Name of Contributor				registra	OUR THIRD	v., 11 1 / 13	-		
Roberta A Brennan	1		aine (Labor Oraceinaine)	<u> </u>			Form (Cash, Chec	k. etc.)	
Street Address	Employer/C	Employer/Occupation/Labor Organization*					Check		
5965 Haughn Rd					1 h 1	- _Y	Amount		
City	State		Zip Code	M			Amount	25.00	
Grove City		Н	43123	1 0		1 1		25.00	
Full Name of Contributor			<u>;</u>	Registra	tion Numb	er, it PA	C		
Pamela S Harrison	. <u></u> .			1			r - (C 1 C	i	
Street Address	Employer/0	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
5975 Grant Run Pl		:					Check		
City	State		Zip Code	М	D	Y	Amount	25.00	
Grove City	0	Н	43123	1 0		1 1		25.00	
Full Name of Contributor				Registra	ition Numb	er, if PA	С		
Robert F Halley							<u> </u>		
Street Address	Employer/0	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
7000 Young Rd							Check		
City	State	e	Zip Code	М	D	Y	Amount		
Grove City	0	Н	43123	1 0		1 1		50.0 <u>0</u>	
Full Name of Contributor				Registra	ation Numb	ber, if PA	.C		
T Richard Barbee, Jr									
Street Address	Employer/	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
6950 Borror Rd.							Check		
City	Stat	2	Zip Code	М	D	Y	Amount		
Grove City	l o L	Н	43123	110	017	1 1	<u> </u>	100.0 <u>0</u>	
Full Name of Contributor					ation Num	ber, if PA	ıC		
Cynthia A Koch								_	
Street Address	Employer/	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
3971 Hoover Rd	1	Koch Engineering Group					Check		
City	Stat		Zip Code	М	D	Y	Amount		
	0	H	43123	110	2 0	1 1 1	1	50.00	
Grove City Full Name of Contributor	101		1	Registr	ation Num	ber, if PA	AC .		
Bernadine M Wallace	Employer	Occur	nation/Labor Organization*	_ـــــــــ			Form (Cash, Che	eck, etc.)	
Street Address	Employed	етрюует/Оссиранов Савон Огданизация					Check		
5952 Grant Run Pl.	Sta	te .	Zip Code	М	D	Y	Amount		
City	1 - 1	Н	43123	1110				100.00	
Grove City	[0]	0 11 43123				Registration Number, if PAC			
Full Name of Contributor	01 F			1.05,311		,			
Contributions from Form No.	31-E	In the Montage of the American					Form (Cash, Check, etc.)		
Street Address	Employer	Employer/Occupation/Labor Organization*						,,	
			Zin Code	М	D	ΙΥ	Amount		
City	Sta	ie	Zip Code					2,425.00	
1				<u> [U]S</u>	1 8	TIT		<u> </u>	

Page Total \$ 2,800.00

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]