Statement of Contributions Received

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Prescribed by Secretary of State 03/05

| Name of Committee in Full Citizens for a Safer Grove City | • | | | |
|---|---|---------------------------|---------------------------------------|----------------------------------|
| Full Name of Contributor Tim Burleson | | | Registration Numb | er, if PAC |
| Street Address 12681 Darby Creek Rd. | Employer/Occupation/Labor Organization' Firefighter | | Form (Cash, Check, etc.) Cash | |
| City Orient | State OH | Zip Code 43146 | 1 0 2 0 | Y Amount 1 4 \$100.00 |
| Full Name of Contributor Tracy Burleson | | | Registration Numb | oer, if PAC |
| Street Address 12681 Darby Creek Dr. | Employer/Occupation/Labor Organization Refuge for Women | | · · · · · · · · · · · · · · · · · · · | Form (Cash, Check, etc.) Cash |
| City Orient | State OH | Zip Code 43146 | 1020 | Yi Amount 1 4 \$100.00 |
| Full Name of Contributor Troy Coffey | | | Registration Numb | er, if PAC |
| Street Address 5983 Platinum Dr. | Employer/Occupation/Labor Organization Firefighter | | | Form (Cash, Check, etc.) Check |
| City Grove City | State OH | Zip Code 43123 | 1 1 0 1 | Y Amount 1 4 \$100.00 |
| Full Name of Contributor | | | Registration Numb | xx, if PAC |
| Street Address | Employer/Occupation/Labor Organization* | | · · · · · · · · · · · · · · · · · · · | Form (Cash, Check, etc.) |
| Спу | State OH | Zip Code | M D | Y Amount |
| Full Name of Contributor | · | • | Registration Numb | oer, if PAC |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M, D | Y Amount |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization | | • | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M. D | Y Amount |
| Full Name of Contributor | | | Registration Numb | per, if PAC |
| Street Address | Employer/Occupation/Labor Organization | | ····· | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D | Y Amount |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occo | pation/Labor Organization | - | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | Mi D | Y Amount |

Page Total \$300.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]