

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Ron Grossman							
Full Name of Contributor Sandra L Larger					Registration Number, if PAC		
Street Address 3325 Park St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 2	Y 1 1	Amount 50.00	
Full Name of Contributor Gary D Hammel					Registration Number, if PAC		
Street Address 5944 Grant Run Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 2	Y 1 1	Amount 50.00	
Full Name of Contributor Charles W Buck					Registration Number, if PAC		
Street Address 4814 Canerwood Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 9	D 1 2	Y 1 1	Amount 100.00	
Full Name of Contributor Gary L Haughn					Registration Number, if PAC		
Street Address 3887 Orchard Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 2	Y 1 1	Amount 50.00	
Full Name of Contributor Patricia Hafer					Registration Number, if PAC		
Street Address 1849 Osage Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 2	Y 1 1	Amount 25.00	
Full Name of Contributor Joyce B Wallace					Registration Number, if PAC		
Street Address 5782 Ravine Creek Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 2	Y 1 1	Amount 100.00	
Full Name of Contributor Cheryl A Miller					Registration Number, if PAC		
Street Address 2355 Gershwin Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 2	Y 1 1	Amount 50.00	
Full Name of Contributor K Susan Corbin					Registration Number, if PAC		
Street Address 4460 Hoover Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 2	Y 1 1	Amount 250.00	

* 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)]