Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·			_				
Citizens for Ron Grossman			Registration Number, if PAC					
			region uno					
Sandra L Larger	E1/0c	tion/Labor Organization*	l		h	Form (Cash, Che	ck etc.)	
Street Address	Employer/Occupation/Labor Organization*					Check		
3325 Park St	<u> </u>	<u></u>		БТ			-	
City		Zip Code	1 1			Amount	50.00	
Grove City	O H	43123		1 2 1	_		50.00	
Full Name of Contributor			Registration	n Number,	, if PAC	3		
Gary D Hammel							_	
Street Address	Employer/Occupa				Form (Cash, Check, etc.)			
5944 Grant Run Pl	ļ				Check			
City	State	Zip Code	М	D	Y	Amount		
Grove City	O H	43123	0 9 1	1 2 1	1		50.00	
Full Name of Contributor		<u> </u>	Registratio	n Number	, if PAC			
Charles W Buck								
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)	
4814 Canerwood Ct					1	Check		
City	State	Zip Code	M	D	Y	Amount		
	ОТН	43026	0 9 1	1 2 1	L 1		100.00	
Hilliard Full Name of Contributor	101	43020	Registratio			C -	200.00	
			TT GILL THE		,			
Gary L Haughn	E-ralauar/Occure	ation/Labor Organization*				Form (Cash, Che	ck etc.)	
Street Address	Employer/Occupa				Check			
3887 Orchard Ln		la: a i	TW T	ъТ	Y	Amount		
City	State	Zip Code	M	$\begin{bmatrix} D \\ a \end{bmatrix}$		Amount	E0.00	
Grove City	O H	43123			1 1		50.00	
Full Name of Contributor			Registratio	on Number	r, it PA	C		
Patricia Hafer								
Street Address	Employer/Occupa				Form (Cash, Check, etc.)			
1849 Osage Ct.						Check		
City	State	Zip Code	М	D	Y	Amount		
Grove City	O H	43123	0 9		$1 \mid 1$		25.00	
Full Name of Contributor			Registratio	on Numbe	r, if PA	С		
Joyce B Wallace								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5782 Ravine Creek Dr.						Check		
City	State	Zip Code	М	D	Y	Amount		
Grove City	ОН	43123	0/9/	1 2	1 1		100.00	
Full Name of Contributor		10120	Registration	on Numbe	r, if PA	.c		
Cheryl A Miller	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
Street Address	Zinpioyen/Oceup				Check			
2355 Gershwin Ave	State	Zip Code	М	D	Y	Amount		
City		'			1 1	,ant	50.00	
Grove City	O H	43123	0 9	on Numbe		<u></u>	50.00	
Full Name of Contributor			Registrati	on Numbe	a, ii PA			
K Susan Corbin						Form (Cash, Ch	and the second	
Street Address	Employer/Occup					ieck, eic.)		
4460 Hoover Rd.					Check			
City	State	Zip Code	М	D	Y	Amount		
Grove City	O H	43123	0 9	114	1 1	L	250.00	
		11 . 10 . 1	ممطف استنساسي			name of the		

Page Total \$ 675.00

^{*} 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)]