

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                         |  |                    |                                         |  |                |                                       |                                                     |
|---------------------------------------------------------|--|--------------------|-----------------------------------------|--|----------------|---------------------------------------|-----------------------------------------------------|
| Name of Committee in Full<br><u>Citizens for Corbin</u> |  |                    |                                         |  |                |                                       |                                                     |
| Full Name of Contributor<br><u>R. Susan Corbin</u>      |  |                    |                                         |  |                | Registration Number, if PAC           |                                                     |
| Street Address<br><u>4460 Hoover Road</u>               |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><u>ck</u> |                                                     |
| City<br><u>Grove City</u>                               |  | State<br><u>OH</u> | Zip Code<br><u>43123</u>                |  | M<br><u>10</u> | D<br><u>07</u>                        | Y<br><u>11</u><br>Amount<br><u>300<sup>00</sup></u> |
| Full Name of Contributor<br><u>Leslie A. Bostic</u>     |  |                    |                                         |  |                | Registration Number, if PAC           |                                                     |
| Street Address<br><u>1898 Seaside Circle</u>            |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><u>ck</u> |                                                     |
| City<br><u>Grove City</u>                               |  | State<br><u>OH</u> | Zip Code<br><u>43123</u>                |  | M<br><u>10</u> | D<br><u>12</u>                        | Y<br><u>11</u><br>Amount<br><u>50<sup>00</sup></u>  |
| Full Name of Contributor<br><u>Cara A. Waters</u>       |  |                    |                                         |  |                | Registration Number, if PAC           |                                                     |
| Street Address<br><u>3174 Kingswood Dr</u>              |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><u>ck</u> |                                                     |
| City<br><u>Grove City</u>                               |  | State<br><u>OH</u> | Zip Code<br><u>43123</u>                |  | M<br><u>10</u> | D<br><u>12</u>                        | Y<br><u>11</u><br>Amount<br><u>25<sup>00</sup></u>  |
| Full Name of Contributor<br><u>Neil J. DOPPE</u>        |  |                    |                                         |  |                | Registration Number, if PAC           |                                                     |
| Street Address<br><u>5348 Rocky Creek Dr.</u>           |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><u>ck</u> |                                                     |
| City<br><u>Grove City</u>                               |  | State<br><u>OH</u> | Zip Code<br><u>43123</u>                |  | M<br><u>10</u> | D<br><u>12</u>                        | Y<br><u>11</u><br>Amount<br><u>100<sup>00</sup></u> |
| Full Name of Contributor<br><u>Sally J. McCoy</u>       |  |                    |                                         |  |                | Registration Number, if PAC           |                                                     |
| Street Address<br><u>4753 St. Andrews Dr.</u>           |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><u>ck</u> |                                                     |
| City<br><u>Grove City</u>                               |  | State<br><u>OH</u> | Zip Code<br><u>43123</u>                |  | M<br><u>10</u> | D<br><u>12</u>                        | Y<br><u>11</u><br>Amount<br><u>30<sup>00</sup></u>  |
| Full Name of Contributor<br><u>Dan Longnette</u>        |  |                    |                                         |  |                | Registration Number, if PAC           |                                                     |
| Street Address<br><u>1558 Hiner Road</u>                |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><u>ck</u> |                                                     |
| City<br><u>Orient</u>                                   |  | State<br><u>OH</u> | Zip Code<br><u>43123</u>                |  | M<br><u>10</u> | D<br><u>12</u>                        | Y<br><u>11</u><br>Amount<br><u>20<sup>00</sup></u>  |
| Full Name of Contributor<br><u>Nathan Hurd</u>          |  |                    |                                         |  |                | Registration Number, if PAC           |                                                     |
| Street Address<br><u>1863 Autumn Wind Dr.</u>           |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><u>ck</u> |                                                     |
| City<br><u>Grove City</u>                               |  | State<br><u>OH</u> | Zip Code<br><u>43123</u>                |  | M<br><u>10</u> | D<br><u>12</u>                        | Y<br><u>11</u><br>Amount<br><u>100<sup>00</sup></u> |
| Full Name of Contributor<br><u>Beverly Cochran</u>      |  |                    |                                         |  |                | Registration Number, if PAC           |                                                     |
| Street Address<br><u>4457 Sandys Lane Road</u>          |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><u>ck</u> |                                                     |
| City<br><u>Columbus</u>                                 |  | State<br><u>OH</u> | Zip Code<br><u>43228</u>                |  | M<br><u>10</u> | D<br><u>12</u>                        | Y<br><u>11</u><br>Amount<br><u>100<sup>00</sup></u> |

\* 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)]

Page Total \$ 725<sup>00</sup>