

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>GROSH FOR MAYOR</b>											
Full Name of Contributor <b>FRATERNAL ORDER OF POLICE</b>						Registration Number, if PAC					
Street Address <b>6800 SCHROCK HILL CT</b>						Employer/Occupation/Labor Organization*					
City <b>COLUMBUS</b>						State <b>OHIO</b>		Zip Code <b>43229</b>		Form (Cash, Check, etc.) <b>CHECK</b>	
						M <b>10</b>		D <b>11</b>		Y <b>11</b>	
Full Name of Contributor						Amount <b>500.00</b>					
Street Address						Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City						State		Zip Code		M D Y	
Full Name of Contributor						Registration Number, if PAC					
Street Address						Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City						State		Zip Code		M D Y	
Full Name of Contributor						Registration Number, if PAC					
Street Address						Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City						State		Zip Code		M D Y	
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City						State		Zip Code		M D Y	
Full Name of Contributor						Registration Number, if PAC					
Street Address						Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City						State		Zip Code		M D Y	

\* 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)]