Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full GROSH FOR MAYOR Full Name of Contributor FRATERNAL BREER OF POLICE Street Address 6800 SCHROCK HILL G State City Columbus Full Name of Contributor State State State State State White State White State State Form (Cash, Check, etc.) CHECK Form (Cash, Check, etc.) CHECK Form (Cash, Check, etc.) CHECK Full Name of Contributor Registration Number, if PAC						
FULL Name of Contributor FRATERNAL BREER OF	Porice	=	Registra	ation Nur	nber, if P/	AC .
6800 SCHROCK HILL G	Employer/Occupati	on/Labor Organization				Form (Cash, Check, etc.)
COLUMBUS	State Di+10	Zip Code 43229	i C	il	Ĭ	CHECK 500,00
Full Name of Contributor	of Contributor Registration Number, if PAC					
Street Address	Employer/Occupati	on/Labor Organization	•			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Ý	Amount
Full Name of Contributor			Registra	ation Nun	nber, if P/	AC .
Street Address	Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)
Chy	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	ation Nun	nber, if P/	AC
Street Address	Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)
Сізу	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupati	on/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor		:	Registra	ation Nun	nber, if P/	AC "
Street Address	Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if F					nber, if P/	AC
Street Address	Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Mi 	Đ	Y	Amount

Page Total S 500,80

^{*} 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)]