

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jeff Davis							
Full Name of Contributor Grove City Area Republican Club						Registration Number, if PAC	
Street Address PO Box 1420			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City		State OH	Zip Code 43123	M 1	D 1	Y 2	Amount \$200.00
Full Name of Contributor Tim Keck						Registration Number, if PAC	
Street Address 2072 English Turn Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City		State OH	Zip Code 43123	M 1	D 1	Y 2	Amount \$100.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount

* 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 **\$300.00**