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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
LeVally for Grove City Full Name of Contributor			Panietr	ation Nur	hor if PA	v
James R Thompson			Regisiii	KIOH I TUN	1001. 11 . 1	10
Street Address	Employer/Occum	ation/Labor Organization*				Form (Cash, Check, etc.)
5444 Spring Hill Road	Employer Occupation/Labor Organization* Yellow Freight-Roadway corp			cash		
City	State	Zip Code	Тм	D	Y	Amount
Grove City	OH	43123	1	310	1	
Full Name of Contributor	O H	1-40120		ation Num		
The state of Commodition			Tropical.			
Street Address	Employer, Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
	r					
City	State	Zip Code	M	D	Y	Amount
			lт	Li		
Full Name of Contributor		J	Registra	ation Nun	ber, if PA	AC .
Street Address	Employer, Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor		•	Registra	ation Nurr	ber, if P/	VC
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash. Check. etc.)
City	State	Zip Code	М	υ	Y	Amount
Full Name of Contributor			Registra	ation Nun	iber, if P/	VC .
Street Address	Employer Occupation/Labor Organization* Form (Cash. Check.				Form (Cash. Check. etc.)	
				,		
City	State	Zip Code	M	D	Y	Amount
		<u></u>				
Full Name of Contributor Registration Number, if PAC						
Street Address Employer/Occupation/Labor Organization* Form (Cash. Check. etc.)						
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City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Daviste	ation Nun	han if DA	\(C'
Full Name of Contributor			Registra	anon Nun	16er, 11 17	iC .
Street Address	Temployar Occup	ntion/Labor Organization*				Fonn (Cash. Check. etc.)
Silect Address	eet Address Employer/Occupation/Labor Organization* Form (Cash. Check.					om (Casil, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
City	l l	Zip code			1	
Full Name of Contributor Registration Number, if P/					AC	
The state of control of the state of the sta			lg			
Street Address	Employer Occupation/Labor Organization*				Form (Cash, Check, etc.)	
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City	State	Zip Code	М	Ð	Y	Amount
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* 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)]

Page Total \$	1.00