

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Uhrin for GC Council							
Full Name of Contributor Robert F Halley						Registration Number, if PAC	
Street Address 7000 Young Road			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Grove City			State OH	Zip Code 43123	M 0	D 7	Y 1 5 0 9
						Amount \$200.00	
Full Name of Contributor Cathleen M Dotson						Registration Number, if PAC	
Street Address 4365 Kelnor Dr			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Grove City			State OH	Zip Code 43123	M 0	D 7	Y 0 2 0 9
						Amount \$50.00	
Full Name of Contributor G. Scott McComb						Registration Number, if PAC	
Street Address 230 Barnhill Court			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Gahanna			State OH	Zip Code 43230	M 0	D 7	Y 1 5 0 9
						Amount \$100.00	
Full Name of Contributor Betty M. Umholtz						Registration Number, if PAC	
Street Address 2651 Parlin Dr			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Grove City			State OH	Zip Code 43123	M 0	D 9	Y 1 4 0 9
						Amount \$25.00	
Full Name of Contributor Shirley A Spellman						Registration Number, if PAC	
Street Address 6120 Iroquois			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Grove City			State OH	Zip Code 43123	M 0	D 9	Y 1 9 0 9
						Amount \$50.00	
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City			State OH	Zip Code	M 0	D 9	Y 2 0 0 9
						Amount \$390.00	
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	

* 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 \$815.00