Statement of Contributions Received



Prescribed by Secretary of State 03/05

<u> </u>						
Name of Committee in Full Schottke for GC						
Full Name of Contributor		. <u> </u>	Registration N	Translas if P	**	
Richard C. Jameson			registration is	immer, ii r	AC .	
Street Address	Employer/Occupati	ion/Labor Organization	*************************************		Form (Cash, Check, etc.)	
6151 Sineca Court					CK	
Street Address 6151 Streea Court City Grove City Full Name of Contributor		Zip Code	M S D	015	Amount 50.00	
Full Name of Contributor		Registration Number, if PAC				
Thomas R. Claric Street Address			Negation.		nc	
Street Address	Employer/Occupati	ion/Labor Organization			Form (Cash, Check, etc.)	
3083 Columbus St. City Crove City Eull Name of Contributor					CK	
City		Zip Code	M D	Y	Amount	
Grove City	OH	43123-2700	080		200,00	
t an induce of Commonton	Registration Number, if				AC	
Linda Swearingen Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)						
Street Address	Employer/Occupati			Form (Cash, Check, etc.) CK		
2303 Milligan Grove	State	Zip Code	мр	l Yi	Amount	
Grove City	1	43113	091	_	100.00	
		10,00	Registration N	11		
Contribute from form #31 E Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)						
Street Address	Employer/Occupati	ion/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M D	T Yi	Amount	
			libli	2/1/5	575,00	
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupati			Form (Cash, Check, etc.)		
	Chiphoyer, Octup	Maryon Osemteenn				
City	State	Zip Code	M D	T Yi	Amount	
		1	111			
Full Name of Contributor			Registration N	lumber, if P.	AC	
Street Address	Employer/Occupati	•		Form (Cash, Check, etc.)		
er.		Tax or t	1015	1 55	ļ	
City	State	Zip Code		1	Amount	
Full Name of Contributor	<u></u>	<u> </u>	Registration N	hember if P	<u> </u>	
Emilyanic of Countricuts				Registration Number, if PAC		
Street Address	Employer/Occupati	ion/Labor Organization*			Form (Cash, Check, etc.)	
	l'	· ·				
City	State	Zip Code	M D	Y	Amount	
Full Name of Contributor	<u> </u>	<u> </u>	Registration N	lumber, if P	AC .	
Street Address	Employer/Occupati	ion/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M D	Y	Amount	
	1					

Page Total \$ 925,00

^{*} 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)]