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Statement of Contributions Received

Prescribed by Secretary of State 3/0:

	•	,						
Name of Committee in Full	· • · · · •							
Friends Of Jeff Davis								
Full Name of Contributor	Registration Number, if PA				er, if PA	ıc		
Daphne Hawk								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
2374 White Rd			check					
City	State	Zip Code	М	D	Y	Amount		
Grove City	OHI	43123	110	1 2	14/4		300.00	
Full Name of Contributor		10120	Registrati			vC		
Howard Linder								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
	J	P				check	, ,	
2766 Independence Ct	State	Zip Code	М	D	Y	Amount		
City	I .		l I			Amount	25.00	
Grove City	OH	43123	0 9		$1 \mid 1$		25.00	
Full Name of Contributor			Registrat	ion Numl	er, ii PA	···		
Jeff Davis								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)	
2694 Hanarry Ct,						cash		
City	State	Zip Code	M	D	Y	Amount		
Grove City	OH I	43123	0 8	$1 \mid 1$	1 1		5.00	
Full Name of Contributor			Registrat	ion Numl	ber, if PΑ	AC		
leff Davis								
Street Address	Employer/Occi	pation/Labor Organization*	- L			Form (Cash, Che	ck, etc.)	
2694 Hanarry Ct	' '					check		
City	State	Zip Code	- М	D	Y	Amount		
	OH	43123	0 8		1 1	ou.	500.00	
Grove City	[Un]	43123	Registrat			<u> </u>	500.00	
Full Name of Contributor Cash			Registrat	MI MINI	oca, n 17	ic.		
Jeff Davis / reinbursement	spant on b	ext reporti				E (C Ch-	ala ada S	
Street Address	Employer/Occi	ipation/Labor Organization*	Form (Cash, Check, etc.)					
2694 Hanarry Ct			,			≭cash		
City	State	Zip Code	M	D	Y	Amount		
Grove City	OH	43123	[0]9	0 6	1 1	*	300.00	
Full Name of Contributor			Registrat	ion Num	ber, if P/	AC .		
Frank Shipley								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
2583 McDaniel Ct								
City	State	Zip Code	М	D	Y	Amount		
Grove City	OH I	43123	0 9	2 5	111		25.00	
Full Name of Contributor			Registrat					
Steve Turner								
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Che	eck, etc.)	
4334 Kelnor Dr	Emboles occubators rapor (a Eurostron			check				
City	State	Zip Code	М	D	Y	Amount		
•	OHI	'		١ .	Ι.		10.00	
Grove City	1011	43123		0 6			10.00	
Full Name of Contributor			Kegistra	uon Num	oci, ii P			
Mike Uhrin						F (0.1.5)	1	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
5580 Meadow Grove Dr						check		
City	State	Zip Code	M	D	Y	Amount		
Grove City	OH	43123	0 9	1 2	111		100.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	1,265.00