

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for a Safer Grove City							
Full Name of Contributor Michael Aeh						Registration Number, if PAC	
Street Address 2091 Stargrass Avenue		Employer/Occupation/Labor Organization* Firefighter				Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 8	Y 1	Amount \$100.00	
Full Name of Contributor The Jones Fuel Company						Registration Number, if PAC	
Street Address 350 Frank Road		Employer/Occupation/Labor Organization* The Jones Fuel Company				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43207	M 0	D 9	Y 0	Amount \$400.00	
Full Name of Contributor The Car Source						Registration Number, if PAC	
Street Address 1200 Stringtown Road		Employer/Occupation/Labor Organization* The Car Source				Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 0	Amount \$300.00	
Full Name of Contributor Rock's Trailer Sales, Inc.						Registration Number, if PAC	
Street Address 3908 Jackson Pike		Employer/Occupation/Labor Organization* Rock's Trailer Sales, Inc.				Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 0	Amount \$300.00	
Full Name of Contributor Michael Lilly						Registration Number, if PAC	
Street Address 2398 Ziner Circle South		Employer/Occupation/Labor Organization* Township Administrator				Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 8	Y 2	Amount \$100.00	
Full Name of Contributor Dustin McCoy						Registration Number, if PAC	
Street Address 2563 Southwest Blvd.		Employer/Occupation/Labor Organization* Firefighter				Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 0	Amount \$50.00	
Full Name of Contributor Robert Morris						Registration Number, if PAC	
Street Address 280 Stone Throw Drive		Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check	
City Murrells Inlet	State SC	Zip Code 29576	M 0	D 9	Y 0	Amount \$25.00	
Full Name of Contributor Ohio Association of Professional Firefighters						Registration Number, if PAC	
Street Address 140 E. Town Street		Employer/Occupation/Labor Organization* Ohio Association of Professional Firefighters				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 1	Amount \$1,500.00	

* 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)]

Page Total **\$2,775.00**