Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Grandings in Full							
Name of Committee in Full							
Citizens for Ron Grossman			Registration Number, if PAC				
Full Name of Contributor				OH S THE LINE	,		
B J Roach		tion (Labor Organization)				Form (Cash, Che	ck etc.)
Street Address	Employer/Occupation/Labor Organization*					Check	,,
3980 Broadway	Chil	Zip Code	ТмТ	D	Υ /	Amount	
City	State	I .	1		111	unoum	100.00
Grove City	O H	43123	Registration				100.00
Full Name of Contributor			Registratio	OII INGIIIO	, II I AC	•	
Verdonna J Slaughter	Is 1 10	ation/Labor Organization*		_	- 1	Form (Cash, Che	eck etc.)
Street Address	Employer/Occupa				Check	,,	
6185 Seneca Ct.		7:- 0:4:	М	D	Y	Amount	_
City	State	Zip Code		1 2	1 1	Attomic	50.00
Grove City	OH	43123	0 9 Registration				50.00
Full Name of Contributor			Registrati	ON INUITIO	çı, ii rac	•	Į.
Theda K Staten	- I			<u></u>		Form (Cash, Che	eck etc.)
Street Address	Employer/Occup	ľ			Check	or, cic.	
5960 Grant Run Pl.		Territoria	<u> </u>	Q	Y	Amount	
City	State	Zip Code	$\begin{bmatrix} M \\ 0 \mid 9 \end{bmatrix}$		1 1	Allouit	50.00
Grove City	O H	43123	Registrati			-	50.00
Full Name of Contributor			Registrati	ion ivanio	er, ii rAc	~	,
Janis Stein						Form (Cash, Che	eck etc \
Street Address	Employer/Occup			h	Check	cck, cic.)	
1983 Haverton Dr		1 14 7	ъ Т	- Y	Amount		
City	State	Zip Code	M	D	1 1	Allioun	100.00
Reynoldsburg	O H	43068	0 9		1 1	<u> </u>	100.00
Full Name of Contributor		•	Registrati	ion Numc	er, n rav	C	
Leslie A Bostic				_	_	Form (Cash, Ch	aak ata l
Street Address	Employer/Occup	nation/Labor Organization*				· ·	eck, etc.)
1898 Seaside Circle			 		17	Check	
City	State	Zip Code	M	D		Amount	E0.00
Grove City	OH	43123	0 9	1 2	1 1		50.00
Full Name of Contributor			Registrat	ion Numt	er, II PA	C	
Lisa D Dubos						r (0.1.0)	1
Street Address	Employer/Occur				Form (Cash, Check, etc.)		
1048 Pinnacle Club Dr		<u> </u>	<u> </u>			Check	
City	State	Zip Code	M	D	Y	Amount	100.00
Grove City	O H	43123		1 2			100.00
Full Name of Contributor			Registrat	tion Num	ber, if PA	iC .	
Audrey W Cox						r (C 1 C	
Street Address	Employer/Occup				Form (Cash, Ch	ieck, etc.)	
3881 Tamara Drive				1 -		Check	
City	State	Zip Code	M	D	Y	Amount	25.00
Grove City	OIH	43123	0 9				25.00
Full Name of Contributor	_		Registra	tion Num	ber, it PA	IC.	
Mark R List			<u> </u>			In 40 1 ~	hada sa S
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Cl	neck, etc.)		
4596 Bent Creek Pl					·	Check	
City	State	Zip Code	M	D	Y	Amount	25 00
Grove City	O H	43123	1019	1 2	1 1		<u>25.00</u>

Page Total \$ 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 appear. [R.C. 3517.10(B)(4)]