

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Ron Grossman							
Full Name of Contributor B J Roach						Registration Number, if PAC	
Street Address 3980 Broadway			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 2	Y 1 1	Amount 100.00	
Full Name of Contributor Verdonna J Slaughter						Registration Number, if PAC	
Street Address 6185 Seneca Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 2	Y 1 1	Amount 50.00	
Full Name of Contributor Theda K Staten						Registration Number, if PAC	
Street Address 5960 Grant Run Pl.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 2	Y 1 1	Amount 50.00	
Full Name of Contributor Janis Stein						Registration Number, if PAC	
Street Address 1983 Haverton Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State O H	Zip Code 43068	M 0 9	D 1 2	Y 1 1	Amount 100.00	
Full Name of Contributor Leslie A Bostic						Registration Number, if PAC	
Street Address 1898 Seaside Circle			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 2	Y 1 1	Amount 50.00	
Full Name of Contributor Lisa D Dubos						Registration Number, if PAC	
Street Address 1048 Pinnacle Club Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 2	Y 1 1	Amount 100.00	
Full Name of Contributor Audrey W Cox						Registration Number, if PAC	
Street Address 3881 Tamara Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 2	Y 1 1	Amount 25.00	
Full Name of Contributor Mark R List						Registration Number, if PAC	
Street Address 4596 Bent Creek Pl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 2	Y 1 1	Amount 25.00	

* 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 \$ 500.00