31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Citizens For Corbin									
Full Name of Contributor								**Registration Number, if PAC**	
MARVIN C. HOTT									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
2915 Buxton Lane								ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Grove City	OH	43123	09	29	11			30 00	
Full Name of Contributor								**Registration Number, if PAC**	
GRANT Miller									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
2292 RAVINE WOODS DR								ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Grove City	OH	43123	10	05	11			50 00	
Full Name of Contributor								**Registration Number, if PAC**	
Robert F. Halley									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
7000 Young Road								ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Grove City	OH	43123	10	05	11			30 00	
Full Name of Contributor								**Registration Number, if PAC**	
Linda L. Ferguson									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
2605 Vi Lilly Circle W.								ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Grove City	OH	43123	10	05	11			50 00	
Full Name of Contributor								**Registration Number, if PAC**	
Linda D. Swearingen									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
2303 Millgate Grove								ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Grove City	OH	43123	10	05	11			100 00	
Full Name of Contributor								**Registration Number, if PAC**	
Melissa J. Albright									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
4888 Morning Light Ct.								ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Grove City	OH	43123	10	05	11			50 00	
Full Name of Contributor								**Registration Number, if PAC**	
Randy Reisling									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
3178 Ranke Ct.								ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Grove City	OH	43123	10	05	11			100 00	
Full Name of Contributor								**Registration Number, if PAC**	
Jody E. Burris									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
4375 Shirlene Ct.								ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Grove City	OH	43123	10	05	11			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 also appear. [R.C. 3517.10(B)(4)]

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