

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Ron Chesshir for Pleasant Township Trustee							
Full Name of Contributor John Beard					Registration Number, if PAC		
Street Address 4420 Polbert Avenue		Employer/Occupation/Labor Organization* Pleasant Township Fire Department			Form (Cash, Check, etc.) Check		
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 3	Amount \$100.00	
Full Name of Contributor Edward Sheets					Registration Number, if PAC		
Street Address 6101 Lambert Road		Employer/Occupation/Labor Organization* Pleasant Township Fire Department			Form (Cash, Check, etc.) Check		
City Orient	State OH	Zip Code 43146	M 1	D 0	Y 0	Amount \$100.00	
Full Name of Contributor Deborah Chesshir					Registration Number, if PAC		
Street Address 6021 Grove City Road		Employer/Occupation/Labor Organization* Ohio Dominican University			Form (Cash, Check, etc.) Cash		
City Grove City	State OH	Zip Code 43123	M 1	D 0	Y 0	Amount \$64.36	
Full Name of Contributor Ohio Association of Professional Fire Fighters					Registration Number, if PAC 9700		
Street Address 140 East Town Street		Employer/Occupation/Labor Organization* Ohio Fire PCE			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 0	Amount \$250.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	

* 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 **\$514.36**