

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                                    |                    |                                         |                |                |                                          |                                    |
|--------------------------------------------------------------------|--------------------|-----------------------------------------|----------------|----------------|------------------------------------------|------------------------------------|
| Name of Committee in Full<br><i>Moncman for Grove City Council</i> |                    |                                         |                |                |                                          |                                    |
| Full Name of Contributor<br><i>Sharon L. Ciccarulla</i>            |                    |                                         |                |                | Registration Number, if PAC              |                                    |
| Street Address<br><i>48 Horseshoe Dr.</i>                          |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><i>Check</i> |                                    |
| City<br><i>Altoona</i>                                             | State<br><i>PA</i> | Zip Code<br><i>16601</i>                | M<br><i>09</i> | D<br><i>20</i> | Y<br><i>15</i>                           | Amount<br><i>250.<sup>00</sup></i> |
| Full Name of Contributor<br><i>George J. Holinga</i>               |                    |                                         |                |                | Registration Number, if PAC              |                                    |
| Street Address<br><i>4523 Hirth Hill Rd.</i>                       |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><i>Check</i> |                                    |
| City<br><i>Grove City</i>                                          | State<br><i>OH</i> | Zip Code<br><i>43123</i>                | M<br><i>09</i> | D<br><i>15</i> | Y<br><i>15</i>                           | Amount<br><i>100.<sup>00</sup></i> |
| Full Name of Contributor<br><i>Victor Awuor</i>                    |                    |                                         |                |                | Registration Number, if PAC              |                                    |
| Street Address<br><i>7356 Emerald Tree Dr.</i>                     |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><i>Check</i> |                                    |
| City<br><i>Canal Winchester</i>                                    | State<br><i>OH</i> | Zip Code<br><i>43110</i>                | M<br><i>09</i> | D<br><i>20</i> | Y<br><i>15</i>                           | Amount<br><i>100.<sup>00</sup></i> |
| Full Name of Contributor<br><i>Eric J. Gerard</i>                  |                    |                                         |                |                | Registration Number, if PAC              |                                    |
| Street Address<br><i>4481 Hirth Hill Rd E</i>                      |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><i>Check</i> |                                    |
| City<br><i>Grove City</i>                                          | State<br><i>OH</i> | Zip Code<br><i>43123</i>                | M<br><i>09</i> | D<br><i>20</i> | Y<br><i>15</i>                           | Amount<br><i>200.<sup>00</sup></i> |
| Full Name of Contributor<br><i>Cynthia Koch</i>                    |                    |                                         |                |                | Registration Number, if PAC              |                                    |
| Street Address<br><i>1649 Osage Court</i>                          |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><i>Check</i> |                                    |
| City<br><i>Grove City</i>                                          | State<br><i>OH</i> | Zip Code<br><i>43123</i>                | M<br><i>09</i> | D<br><i>20</i> | Y<br><i>15</i>                           | Amount<br><i>100.<sup>00</sup></i> |
| Full Name of Contributor<br><i>JANET S. Shailer</i>                |                    |                                         |                |                | Registration Number, if PAC              |                                    |
| Street Address<br><i>6259 Rising Sun Dr.</i>                       |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><i>Check</i> |                                    |
| City<br><i>Grove City</i>                                          | State<br><i>OH</i> | Zip Code<br><i>43123</i>                | M<br><i>09</i> | D<br><i>20</i> | Y<br><i>15</i>                           | Amount<br><i>50.<sup>00</sup></i>  |
| Full Name of Contributor<br><i>DONNA F. CARTER</i>                 |                    |                                         |                |                | Registration Number, if PAC              |                                    |
| Street Address<br><i>1553 Chestnut Loop Circle</i>                 |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><i>Check</i> |                                    |
| City<br><i>Grove City</i>                                          | State<br><i>OH</i> | Zip Code<br><i>43123</i>                | M<br><i>09</i> | D<br><i>20</i> | Y<br><i>15</i>                           | Amount<br><i>50.<sup>00</sup></i>  |
| Full Name of Contributor<br><i>MARK M. SHAW</i>                    |                    |                                         |                |                | Registration Number, if PAC              |                                    |
| Street Address<br><i>4165 Haughn Rd.</i>                           |                    | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)<br><i>Check</i> |                                    |
| City<br><i>Grove City</i>                                          | State<br><i>OH</i> | Zip Code<br><i>43123</i>                | M<br><i>09</i> | D<br><i>21</i> | Y<br><i>15</i>                           | Amount<br><i>50.<sup>00</sup></i>  |

\* 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)]