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## Statement of Contributions Received

Prescribed by Scoretary of State 3/05

Name of the state					_	
Name of Committee in Full LeVelly, for Crove City		•				
LeVally for Grove City Full Name of Contributor		<u> </u>	Registra	ition Num	ber, if PA	C
James R Thompson						
Street Address	Employer/Occupa	ation/Labor Organization*			_	Form (Cash, Check, etc.)
5444 Spring Hill Road	1 -	reight-Roadway	corp			cash
City	State	Zip Code	M	D	Y	Amount
Grove City	$O \mid O$	43123	0   1	1   1	1   1	1.00
Full Name of Contributor				ition Num		С
James R Thompson	_					
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
5444 Spring Hill Road	Yellow I	reight-Roadway	corp			
City	State	Zip Code	М	D	Y	Amount
Grove City	O   H	43123		0 9		1.00
Full Name of Contributor			Registra	ttion Num	ber. if PA	С
			<u> </u>			<u> </u>
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
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City	State	Zip Code	M	D	Y	Amount
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Full Name of Contributor			Registra	ition Num	ber, if PA	.c
Street Address	Employer/Occup	ation Labor Organization*				Form (Cash, Check, etc.)
ļ · · · · · ·						
City	State	Zip Codé	М	Ð	Y	Amount
Full Name of Contributor			Registra	ntion Num	ber. if PA	C
Company and the company of the compa	Employee Occur	ation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Employer/Occup	ation Labor Organization.				Total (Casia Check, Co.)
City	State	Zip Code	М	D	Y	Amount
City	Jane		"			
Full Name of Contributor	11	<u> </u>	Registra	I I ation Num	t if PA	
i an i mass of Commonen						
Street Address	Employer/Occup	ation/Labor Organization*			_	Form (Cash, Check, etc.)
		,				
City	State	Zip Code	М	D	Y	Amount
l ´			1	1	}	
Full Name of Contributor	<u> </u>	<u> </u>	Registr	ation Nur	iber. if PA	AC .
		1				
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash. Check. etc.)
		i i				
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registr	ation Nun	ber. if PA	AC .
		<u> </u>				
Street Address	Employer, Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
	<u> </u>					
City	State	Zip Code	М	D	Y	Amount
		<u> </u>		i	<u> </u>	
	11 1	idates. If agintributor is salf are	مداء اممنداد		n and the	market of the

\* 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 \$	2.00