

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Moncman for Grove City Council							
Full Name of Contributor Michael G. & Patricia A. Moncman						Registration Number, if PAC	
Street Address 4717 Nicholas Pointe Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City			State OH	Zip Code 43123	M 09	D 29	Y 15
						Amount \$1,000.00	
Full Name of Contributor Scott A. Molino						Registration Number, if PAC	
Street Address 3404 Parkbrook Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City			State OH	Zip Code 43123	M 09	D 20	Y 15
						Amount \$50.00	
Full Name of Contributor Stephen C. & Elizabeth Showalter						Registration Number, if PAC	
Street Address 1203 Pinnacle Club Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City			State OH	Zip Code 43123	M 09	D 15	Y 15
						Amount \$20.00	
Full Name of Contributor Steven L. & Trudy A. Funk						Registration Number, if PAC	
Street Address 1283 White Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City			State OH	Zip Code 43123	M 10	D 10	Y 15
						Amount \$100.00	
Full Name of Contributor Bryan K. & Cynthia L. Elliott						Registration Number, if PAC	
Street Address 4731 Nicholas Point			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City			State OH	Zip Code 43123	M 09	D 20	Y 15
						Amount \$100.00	
Full Name of Contributor Jerry & Debra Bennett						Registration Number, if PAC	
Street Address 5914 Grant Run Estates Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City			State OH	Zip Code 43123	M 09	D 22	Y 15
						Amount \$100.00	
Full Name of Contributor Michael G. Moncman						Registration Number, if PAC	
Street Address 4717 Nicholas Pointe Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Grove City			State OH	Zip Code 43123	M 08	D 27	Y 15
						Amount 48.25	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State	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)]