Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full				
Committee to Reflect William Lotz				
all Name of Contributor			Registration Number, if PAC	
GARY L LEASURE	· · · · · · · · · · · · · · · · · · ·			
Street Address	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
2485 Milligan Grove			.,	Check
	State OH	Zip Code		Amount 60
GROVE CRY.		43123		100.
Full Name of Contributor Registration Number, if PAC				
Thomas R Clark	I.,			Fonn (Cash, Check, etc.)
Sirect Address	Employer/Occupation/Labor Organization*			theck
3085 Columbus St	State	Zip Code	M D Y	Amount
GROVE CITY	OH	43123	091109	1 0 0 d
Full Name of Contributor			Registration Number, if PA	AC C
Glenna Russe				
Street Address	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
2678 Geyerwood Ct.		-		Ck
City	State	Zip Code	M D Y	Amount
Grove ary	OH	43123	091805	(00. ⁰⁰
Full Name of Contributor			Registration Number, if PA	/C
SANDRA L. LAVGEV Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
Street Address	Employer/Occupate	ion/Labor Organization*		Form (Cash, Check, etc.)
3323 PARK St.				<u>cle</u>
City	State	Zip Code	M D Y	Amount
GROUS CUTY	OH	43123	091809	L CO
Full Name of Contributor Registration Number, if PAC				
Dick McCALL Street Address	Tp 1 10			Form (Cash, Check, etc.)
	Employer/Occupat	ion/Labor Organization*		PD.
Gity SA28 HAUGHN RO	State	Zip Code	M D Y	Amount
GROVE CLTY	ОН	43123	091009	500.
Full Name of Contributor	1		Registration Number, if P/	
RONALD J MILLS				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
3780 PINE RIDGE DR	' '	-		Cb
City	State	Zip Code	M D Y	Amount
GROVE CETY	OH	43123	069306	50.
Full Name of Contributor		Consequence of the consequence o	Registration Number, if PA	AC
WILLIAM A QUINN				
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
4427 BROADWAY				<u>CR</u>
City	State	Zip Code	M D Y	Amount
GROVE CETY	OH	43123	9 9 a 5 09	
Full Name of Contributor Registration Number, if PAC				
Street Address	r110	*		Form (Cash, Check, etc.)
Sirect Address	Employer/Occupat	ion/Labor Organization*		C b
City City	State	Zip Code	M D Y	Amount
GROVE GTY	OH	येउ।३उ	09 2008	100.
C16006 C104	1	السبب بملاسا فا المنتاه ال	1-10/04	

Page Total \$-1450.

^{*} 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)]