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## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full Uhrin for GC Council				
Full Name of Contributor Douglas E. Romer			Registration Number, if I	PAC
Street Address 10133 Covan Dr	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43082	0 7 0 7 0 9	Amount \$100.00
Full Name of Contributor  Debbie Miller			Registration Number, if I	PAC
Street Address 6674 Hermitage Dr S	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43082	0 7 0 8 0 9	Amount \$100.00
Full Name of Contributor Roberta J Bausch			Registration Number, if PAC	
Street Address 6348 Mound View Pl	Harris Sc	pation/Labor Organization* hool Solutions	Secret Visit College Company College C	Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	$\begin{bmatrix} 0 & 7 & 2 & 6 & 0 \end{bmatrix} 9$	
Full Name of Contributor Arthur L. Eversman, Jr.			Registration Number, if I	PAC
Street Address 2471 Zuber Rd	Employer/Occupation/Labor Organization* Grove City Roller Rink			Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43146	0 7 0 6 0 9	Amount \$200.00
Full Name of Contributor Craig A. Bohning			Registration Number, if I	PAC
Street Address 13740 Blamer Rd	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	0 7 1 7 0 9	Amount \$100.00
Full Name of Contributor Dorian Rush McClintlock			Registration Number, if PAC	
Street Address 650 Stublyn Rd	Employer/Occupation/Labor Organization*		Sanction and the state of the s	Form (Cash, Check, etc.) Check
City Grandville	State OH	Zip Code 43023	0 7 0 8 0 9	Amount \$100.00
Full Name of Contributor Daniel L. Wilson			Registration Number, if I	PAC
Street Address 24423 Bryden Road	Employer/Occupation/Labor Organization*		The transfer of the transfer o	Form (Cash, Check, etc.) Check
City Beachwood	State OH	Zip Code 44122	0 8 0 8 0 9	Amount \$100.00
Full Name of Contributor William H Wise			Registration Number, if	PAC
Street Address 2458 Hickorybend Ct	Employer/Occu	pation/Labor Organization*	Parameter and the second secon	Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	0 8 1 4 0 9	Amount \$30.00

Page Total \$930.00

<sup>\*</sup> 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)]