31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full: Schottke for GC

Full Name of Contributor	Registration Number, if PAC							
Dan Witteman								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
1578 Tuscarora Dr.								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	06	12	15			20.00
Full Name of Contributor	**Registration Number, if PAC**							
John H. Allen								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
3636 Santa Maria Dr.								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City,	OH	43123-2440	07	06	15			50.00
Full Name of Contributor	**Registration Number, if PAC**							
Clinton Rardon								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
1308 Josephine Circle								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	07	18	15			100.00
Full Name of Contributor	**Registration Number, if PAC**							
Michael R. Linder								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
5300 Meadow Grove Dr								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	08	07	15			100.00
Full Name of Contributor	**Registration Number, if PAC**							
Robert Lewis								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
4434 Clark Place								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	08	12	15			100.00
Full Name of Contributor	**Registration Number, if PAC**							
Constance Parrett								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
6211 Beaver Lake Dr								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	08	14	15			50.00
Full Name of Contributor	**Registration Number, if PAC**							
Jason Hatfield								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
4912 McNulty Street								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	08	15	15			25.00
Full Name of Contributor	**Registration Number, if PAC**							
B. J. Roach								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
3980 Broadway								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	08	17	15			100.00

* 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)]

Page Total $ 545.00