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## Statement of Contributions Received

Prescribed by Secretary of State 3:05

| Name of Committee in Full |               |                             |          |           |             |                          |
|---------------------------|---------------|-----------------------------|----------|-----------|-------------|--------------------------|
|                           |               |                             |          |           |             |                          |
| LeVally for Grove City    |               |                             | In ·     |           | 1 100.      |                          |
| Full Name of Contributor  |               |                             | Registr  | ation Nun | nber. if PA | C                        |
| James R Thompson          | le i o        |                             |          |           |             | In                       |
| Street Address            | l l           | upation/Labor Organization  |          |           |             | Form (Cash, Check, etc.) |
| 5444 Spring Hill Road     |               | Freight-Roady               |          |           |             | cash                     |
| City                      | State         | Zip Code                    | M        | D         | Y           | Amount                   |
| Grove City                | O   H         | 43123                       |          |           | 1 3         |                          |
| Full Name of Contributor  |               |                             | Registr  | ation Nun | ber. if PA  | c                        |
| Street Address            | Iri o         | and the Automatical Control |          |           |             | fr (C. L.C. L            |
| Sireet Address            | Епрюует Осе   | upation/Labor Organization  | n*       |           |             | Form (Cash, Check, etc.) |
| City                      | State         | Zip Code                    | ΙM       | I D       | ΤΥ          | Amount                   |
|                           | 1             | 1p 0.000                    | "        |           | Ιi          |                          |
| Full Name of Contributor  | !             |                             | Registr  | ation Num | nber, if PA |                          |
|                           |               |                             |          |           |             | -                        |
| Street Address            | Employer Occi | upation/Labor Organization  | n*       |           |             | Form (Cash, Check, etc.) |
|                           |               |                             |          |           |             |                          |
| Cîty                      | State         | Zip Code                    | М        | D         | Y           | Amount                   |
|                           |               |                             |          |           | 1 (         |                          |
| Full Name of Contributor  | •             | •                           | Registr  | ацоп Мип  | ber, if PA  | С                        |
|                           |               |                             | l        |           |             |                          |
| Street Address            | Employer.Occi | upation/Labor Organization  | n*       |           |             | Form (Cash, Check, etc.) |
|                           |               |                             |          |           |             |                          |
| City                      | State         | Zip Code                    | М        | D         | Y           | Amount                   |
|                           |               |                             |          |           |             |                          |
| Full Name of Contributor  |               |                             | Registra | ation Nun | nber, if PA | С                        |
| Control Marie             | lr-1o         |                             |          |           |             | Frank (Cash Charleson)   |
| Street Address            | Employer Occi | upation/Labor Organization  | 11-      |           |             | Form (Cash, Check, etc.) |
| Cir.                      | State         | Zip Code                    | М        | D         | Y           | Amount                   |
| City                      | 366           | Zip Code                    | "        | "         | ',          |                          |
| Full Name of Contributor  | <u> </u>      |                             | Pagistr  | tion Num  | aber, if PA | <u> </u>                 |
| ren Name of Commodior     |               |                             | Kegisti  | anon Nun  | Dei, ii ra  |                          |
| Street Address            | Employer Occi | upation/Labor Organization  | n*       |           |             | Form (Cash, Check, etc.) |
|                           | ' '           |                             |          |           |             | ,                        |
| City                      | State         | Zip Code                    | М        | D         | Y           | Amount                   |
|                           | 1 1           |                             |          |           |             | 1                        |
| Full Name of Contributor  |               |                             | Registr  | ation Nun | ber, if PA  | C                        |
|                           |               |                             |          |           |             |                          |
| Street Address            | Employer Occ  | upation/Labor Organization  | n*       |           |             | Form (Cash. Check. etc.) |
|                           | İ             |                             |          |           |             |                          |
| City                      | State         | Zip Code                    | М        | D         | Y           | Amount                   |
| ]                         | 1             |                             | i i      |           |             |                          |
| Full Name of Contributor  |               | ·                           | Registr  | ation Nun | nber, if PA | .c                       |
|                           |               |                             | <u> </u> |           |             |                          |
| Street Address            | Employer Occ  | upation Labor Organization  | n*       |           |             | Form (Cash, Check, etc.) |
| 1                         |               |                             |          |           |             |                          |
| City                      | State         | Zip Code                    | M        | D         | Y           | Amount                   |
|                           |               |                             |          |           |             | <u> </u>                 |
|                           |               |                             |          |           |             |                          |

\* 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)]

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