

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Moncman for Grove City Council</i>							
Full Name of Contributor <i>Michael McCabe</i>						Registration Number, if PAC	
Street Address <i>4642 E. Hersh Hill Rd.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Payroll - Rept \$4.65 for Fee</i>	
City <i>Grove City</i>		State <i>OH</i>	Zip Code <i>43123</i>	M <i>10</i>	D <i>16</i>	Y <i>15</i>	Amount (150.00) <i>145.35</i>
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
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
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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)]