Page	2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

E. C.						
Name of Committee in Full Groveport Madison Committee For I	Retter Schools					
Full Name of Contributor	better berioofs		none construction and the construction of the	tion Num		
Virinia Bahr			Registra	TION INGIN	oci, ii rz	
Street Address	Employer/Occupa	tion/Labor Organization*		THE RESERVE AND ADDRESS OF THE PARTY OF THE		Form (Cash, Check, etc.)
8258 Priestley Dr.		~			84	Check
^{City} Reynoldsburg	State O H	Zip Code 43068	$\begin{array}{ c c } M \\ 1 & 1 \end{array}$	D 0 3	0 8	Amount 25.00
Full Name of Contributor			and the second s	tion Num		B
H Scott McKenzie						Figure Herry
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
1814 Millwood Dr						Check
City with the control of the control	State	Zip Code	М	D	Y	Amount
Upper Arlington	O H	43221	1 1	0 3	0 8	200.00
Full Name of Contributor			Registra	tion Num	ber, if PA	
Jack Wills						All mornels of the
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
469 Beaverbrook Dr.					:	Check
City	State	Zip Code	M	D	Y	Amount
Gahanna	O H	43230	1 1	0 3	0 8	25.00
Full Name of Contributor	7 *************************************		Registra	tion Num		
Mark Ball						ang Malai Malik gara
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
5505 Pleasant Valley Rd.						Check
City _		Zip Code	М	D	Y	Amount
Lancaster	OH	43130	1 1	0 3	0 8	20.00
Full Name of Contributor			Registra	tion Num		
Heidi Day				conservables Virginia Vigoria	n de la companya de	hdadd gaddddi.
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
8467 Kingsley Dr			·····			Check
City	l	Zip Code	M	D	. 1	Amount
Reynoldsburg	O H	43068	1 1	0 3	0 8	6.00
Full Name of Contributor Registration Number, if PAC						
Patricia Fletcher				UADORANISH MINISTRA		
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
12176 Woodrow Lane				, 101	1 1 1 1	Check
City	1	Zip Code	М	D	Y	Amount
Pickerington Full Name of Contributor	[O]H	43147	11	0 3	0 8	6.00
Full Name of Contributor Heather Garn			Registra	tion Num	ber, if PA	क्षेत्रकतुर कार्याची व्यक्तिकार व्यक्तिकारी (C अञ्चलकार वर्षा स्थापना
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
85 Catapla CT						Check
City	State	Zip Code	М	D	Y	Amount
Pickerington	OH	43147	1 1	0 3	กเล	25.00
Full Name of Contributor			NAME OF TAXABLE PARTY.	tion Num		
Kathy Hinton					- '	र्वकार्यके स्ट्रेन्स्यके
Street Address	Employer/Occupa	tion/Labor Organization*	-lanana and	MARKO CONTRACTOR OF THE PARTY O		Form (Cash, Check, etc.)
8370 Bruce CT						Check
City	State	Zip Code	М	D	Y	Amount
Canal Winchester	OH	43110	$1 \mid 1$	0 3	0 8	*****6.00

Page Total	\$ 313.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]