Statement of Contributions Received

Prescribed by Secretary of State 3/05

					GAZAGA ALLAMANIANA			
Name of Committee in Full	For Pottor Calacat	0						
Groveport Madison Committee For Better Schools				Registration Number, if PAC				
Full Name of Contributor			Kegistra	uon Numt	ег, н РА	C		
Heidi Day	E1/O	ation/Labor Organization*				Form (Cash Chash	k etc.)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) Check		
8467 Kingsley Dr	State	Zip Code	М	D	Y	Amount		
_{City} Reynoldsburg	OH	43068	$\begin{vmatrix} \mathbf{M} \\ 0 \end{vmatrix} 4$	$\begin{bmatrix} 0 & 6 \end{bmatrix}$	0 9	Amount	3.00	
Full Name of Contributor					Registration Number, if PAC			
Patricia Fletcher			rtogistiu		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Street Address	Employer/Occup		TOWNS OF STREET, STREE		Form (Cash, Chec	k, etc.)		
12176 Woodrow Lane					Check			
City	State	Zip Code	М	D	Y	Amount		
Pickerington	ОН	43147	0 4	0 6	0 9		3.00	
Full Name of Contributor				tion Numi		C		
Kathy Hinton								
Street Address	Employer/Occup	S	internativa (m. 1900)		Form (Cash, Chec	k, etc.)		
8370 Bruce Ct					Check			
City	State	Zip Code	М	D	Y	Amount		
Canal Winchester	OH	43110	$0 \mid 4$	0 6	0 9		3.00	
Full Name of Contributor			Registra	tion Numl	ber, if PA	.C	***************************************	
Aimee Holloway								
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
448 Crestmoore Dr					Check			
City	State	Zip Code	M	D	Y	Amount		
Groveport	OH	43125		0 6	0 9		15.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	vC.		
Janis Imwalle					***************			
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
690 Waybaugh Dr				·		Check		
City	State	Zip Code	M	D	Y	Amount	0.00	
Gahanna	OH	43230	0 4	and the second s			3.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	AC		
H Scott McKenzie				- Annie de la companie de la compani				
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
1814 Millwood Dr			····			Check		
City	State	Zip Code	M	D	Y	Amount	15.00	
Upper Arlington	O H	43221		0 6			15.00	
Full Name of Contributor			Registra	ition Num	per, if PA	AC.		
Susan Moore	Iron 1	pation/Labor Organization*			and the second second	Form (Coal- Cl.	ok ata \	
Street Address	Employer/Occu				Form (Cash, Chec	JK, etc.)		
5075 Cherry Blossom Dr	04-4-	Zip Code	1 14	T D	Y	Check Amount		
Crearyananh	State O H	43125	M	D		B .	3.00	
Groveport	I O I H	1 43123	0 4	0 6	NAME OF TAXABLE PARTY OF TAXABLE PARTY.		3.00	
Full Name of Contributor			Registr	auon Nun	10C1, 11 P	10		
Street Address	Employer/Occupation/Labor Organization*				Name of the state	Form (Cash, Che	ck, etc.)	
						ŕ		
City	State	Zip Code	M	D	Y	Amount		
		'						
	<u> </u>			4		<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)]

Page Total \$ 45.00