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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

N							_	
Name of Committee in Full Groveport Madison Committee Fo	or Rottor Caboo	vie.						
Full Name of Contributor	or petter ochoc	015	Danies	Nan Xi	han iCDA	C		
Heidi Day			Registra	tion Num	ider, ii PA			
Street Address	Employar/Occ	upation/Labor Organization*				Form (Cash, Che	al. nto \	
	Employer/Occ	upanon/Labor Organization					ck, etc.)	
8467 Kingsley Dr		7' 6 1			F 17	Check		
	State	Zip Code 1 43068	M	Q Lo	Y	Amount	2.00	
Reynoldsburg Full Name of Contributor	O   F	43000	1 0	2 0	1 0	<u> </u>	3.00	
			Registra	tion Num	iber, ii PA	i.C		
Patricia Fletcher	In 1 20							
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Che	ck, etc.)	
12176 Woodrow Lane					,	Check		
City	State	Zip Code	M	D	Y	Amount		
Pickerington	O   F	l 43147	1 0	2 0	1 0		3.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	iC.		
Kathy Hinton								
Street Address	Employer/Occ	upation/Labor Organization*			"	Form (Cash, Che	ck, etc.)	
8370 Bruce Ct	,					Check		
City	State	Zip Code	М	D	Y	Amount		
Canal Winchester	O   H	43110	1 0	2 0	$1 \mid 0$		3.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	vC.		
Aimee Holloway								
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Che	ck, etc.)	
448 Crestmoore Dr						Check		
City	State	Zip Code	M	D	Y	Amount		
Groveport	0   H	43125	1 0	2 0	1 0		15.00	
Full Name of Contributor	<u> </u>	<del>- '</del>		tion Num		vC		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	ΙY	Amount		
					1 1	ł		
Ful! Name of Contributor			Registra	ition Num	ber, if PA	AC	<del></del>	
Full Name of Contributor  Registration Number, if PAC  H Scott McKenzie								
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Che	ck. etc.)	
1814 Millwood Dr	1,,,,,,,,,					Check	,	
City	State	Zip Code	М	D	ΙΥ	Amount		
Upper Arlington	0   1			2 0	1		15.00	
Full Name of Contributor	0   -	10221	Registra	tion Num	her if På	C.	10.00	
Susan Moore			Trog 2.541					
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Che	ock etc.)	
5075 Cherry Blossom Dr	Employerocc	upation/Labor Organization				Check	ck, cu.,	
City	State	Zip Code	1 34	T 13	ΤΥ			
I	O   F	4	M 1 l o	מוֹס		Amount	3.00	
Groveport	0   1	43123	_	2 0	_		3.00	
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Che	ck, etc.)	
	, ,	•				I , , , ,	•	
City	State	Zip Code	M	D	Y	Amount		
		,						
	1	I	1 !	1 1		1		

Page Total \$	42.00
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<sup>\*</sup> 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)]