Statement of Contributions Received

Prescribed by Secretary of State 3/05

8		seretary or state 3703	Amarini and a second			The second second second
Name of Committee in Full	2					
Groveport Madison Committee For F	3etter School	.S ada a di dia a di di di di				
Patricia Buening	•		Registra	tion Nun	iber, if P	ran a series de la companya de la C La Companya de la Companya del Companya de la
Street Address	Employer/Ocorr					The section of the section of
5057 Jamestown Rd.	ismpioyer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
City	- Chata V	Tax or	1 ,,		17.50	Check
Columbus	State O H	Zip Code 43220	M	D	Y	Amount
Full Name of Contributor	10 11	43 <i>22</i> U	$1 \mid 1$	0 3		10.00
Zachary Casperson			Kegistra	tion Nun	iber, if PA	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
5546 Shagbark Dr.		****				Check
City	State	Zip Code	M	D	Y	Amount
Groveport	O H	43125	1 1	0 3		10.00
Full Name of Contributor	×		Registra	tion Num	ber, if PA	C PART PART PART PART PART PART PART PART
Deanna Clinger						
Street Address	Employer/Occup	vation/Labor Organization*				Form (Cash, Check, etc.)
5133 Phillips Run						Check
City	State	Zip Code	М	D	Y	Amount
Canal Winchester	O H	43110	1 1	0 3	0 8	75.00
Full Name of Contributor			CONTRACTOR OF THE PARTY OF THE		ber, if PA	
Megan Deister			(CC172)(M.D.)			
Street Address	Employer/Occup	ation/Labor Organization*		\$1000 managament		Form (Cash, Check, etc.)
746 Chelsea Ave					4.1	Check
City	State	Zip Code	М	D	Y	Amount
Bexley	OH	43209	1 1	0 3	0 8	25.00
Full Name of Contributor	time la company de la comp		THE RESERVE OF THE PERSON NAMED IN COLUMN		ber, if PA	Contract of the Contract of th
Lisa Downin			-		,	nski piljaveni
Street Address	Employer/Occup	ation/Labor Organization*		************	***************************************	Form (Cash, Check, etc.)
4880 Bixby Ridge Dr W						Check
City	State	Zip Code	M	D	Y	Amount
Grovport	ОН	43125	1 1	0 3	0 8	20.00
Full Name of Contributor				A CONTRACTOR OF THE PARTY OF TH	ber, if PA	CONTROL DE LA CO
Theresa Foster			a copied	.1011 1 1411.	061, 11 1 1 1	dayN libert
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
10964 New Salam Rd		Attorn Dator Organization			N 4 5 2	and the second s
City	State	Zip Code	M	D	Y	Check
Thornville	OH	43076			i . I	Amount
Full Name of Contributor	LV	43070	1 1	0 3	0 8	25.00
Amanda Fout			Kegisuai	JON INUIN	ber, if PA	degrafiek tyskedi.
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
4565 Parkwick Dr					. 644	15.00
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43228	1 1	0 3	0 8	20.00
Full Name of Contributor		American	Registrat		ber, if PA	
Lindsay Friel						
Street Address	Employer/Occupa	ation/Labor Organization*			1	Form (Cash, Check, etc.)
395 Vista Dr					1	Check
City	State	Zip Code	М	D	Y	Amount
Gahanna	OH	43230	1 1	0 3		20.00

Page Total	\$ 205.00

^{*} 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)]