Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Consultan in Euli	<u> </u>							-	
Name of Committee in Full		-t 1	_						
Groveport Madison Committee For Bet	ter Sc	nools	5	In	»· ·	_ !cs : :	-		
Full Name of Contributor					Registration Number, if PAC				
PS Wilson	_ i .	' 0							
Street Address	Employe	er/Occupa	ition/Labor Organization*				Form (Cash, Che	ck, etc.)	
379 Shell Ct. E.							Check		
City	Si	tate	Zîp Code	М	Đ		Amount	_	
Columbus	0	H	43213	0 6	0 5	1 2		25.00	
Full Name of Contributor				Registrat	ion Numbe	er, if PAC	<u> </u>		
Lisa D. Ferguson									
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
13229 Durham Circle	ļ					į	Check		
City	S	tate	Zip Code	M	D	Y	Amount		
Pickerington	Ö	Н	43147	0 6	0 5	1 2		25.00	
Full Name of Contributor	i				ion Numbe		3		
Emily Curry	t								
Street Address	Employe	ет/Оссира	ation/Labor Organization*			$\neg \neg$	Form (Cash, Che	eck, etc.)	
10820 Edgewood Dr.	j	•	-				Check	ĺ	
City	l Si	tate	Zip Code	М	Đ	Y	Amount		
Dublin	Õ	H	43017	0 6	0 5	1 2		100.00	
Full Name of Contributor	-		30017		ion Numb		2	100.00	
				I		,	-		
Mary Bowser	Emilar	er/Oncor	ation/Labor Organization*	<u> </u>			Form (Cash, Ch	eck etc.)	
	employ(en-occupa	ander range Ci Saurcanon.			l	Check	oun, eu.,	
7788 Tokatee Dr.	_		7in Code	14	D	Ų,			
City	<u>_</u>	tate 	Zip Code	M	D O F		Amount	100.00	
Pickerington	<u> 0</u>	H	43147	0 6	0 5	1 2		100.00	
Full Name of Contributor	1			Registrat	tion Numb	er, if PA	L		
Melissa Fetrow							- 7		
Street Address	Employ	ет/Оссира	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
8435 Varden Ct.	İ						Check		
City	S	itate	Zíp Code	М	D	Y	Amount		
Blacklick	0	H	43004	0 6	0 5	1 2		20.00	
Full Name of Contributor				Registrat	tion Numb	er, if PA	C		
Teresa Malloy									
Street Address	Employ	ет/Оссир	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
139 Cleveland Ave.							Check		
City	l s	State	Zip Code	M	D	Y	Amount		
Lancaster	Ö	Н	43130	0 6	0_5	1 2	ļ	50.00	
Full Name of Contributor	Ť	-			tion Numb				
Dynamix Energy Services Company LI									
Street Address		er/Occum	ation/Labor Organization*	1			Form (Cash, Ch	eck, etc.)	
855 Grandview Ave. 3rd Floor	203	Coodp					Check	• • • • • • • • • • • • • • • • • • • •	
1 · · · · · · · · · · · · · · · · · · ·) ,	State	Zip Code	М	D	Y	Amount		
Colombia		H	•			1 2		25,000.00	
Columbus	<u> </u>	11	43215	0 6	0 5 tion Numb			2,000.00	
Full Name of Contributor				vegistra	MUDIC HOLD	ovi, ii FA			
L	_ [10		<u> </u>			Form (Cock Ct	ack etc.	
Street Address	Employ	er/Occup	nation/Labor Organization*				Form (Cash, Ch	icok, eid.)	
		_				.,	l		
City		State	Zip Code	М	D	Y	Amount		
							<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)]