| Page | 8       |
|------|---------|
| rage | $\circ$ |

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full Groveport Madison Committee Fo | r Rottor Sch                            | مماد                                    | ,                         |  |  |   |                    |        |
|--|---|---|---------------------------|--|--|---|--------------------|--------|
| Full Name of Contributor                                 | i better scri                           | COL                                     | )<br>                     | D  | ition Num                                | hicna   |                    |        |
| Monique Hamilton   |   |   |                           | Registra                                 | ition Num                                | per, ii PA  | C.                 |        |
| Street Address   | Employer                                | Occup                                   | ation/Labor Organization* |  | -  | 1   | Form (Cash, Check. | oto l  |
| 1  | Employen                                | Occupa                                  | montration Organization.  |  |  |   | , ,                | etc.)  |
| 8149 Reynoldswood Dr                                     | C+                                      |   | 77:- 0-4-                 | T v.                                     | T 5                                      | 1 3   | Check              |        |
| Reynoldsburg   | State                                   | H                                       | Zip Code<br>43068         | $\begin{vmatrix} M \\ 1 \end{vmatrix} 0$ | $\begin{vmatrix} D \\ 2 \end{vmatrix} 7$ | $\begin{bmatrix} \mathbf{Y} \\ 1 \end{bmatrix} 0$ | Amount             | 90.00  |
| Full Name of Contributor                                 | 101                                     |   | 45000                     |  | LZI/<br>ition Num                        |   |                    | 20.00  |
| April Bray   |   |   |                           | registi                                  | ittoit ivaiti                            | locs, 11 1 A                                      | ·C                 |        |
| Street Address   | Employer/Occupation/Labor Organization* |   |                           |  | Form (Cash, Check, etc.)                 |   |                    |        |
| 416 Seranade St  | isinpioyen.                             | Employer/Occupations Labor Organization |                           |  |  |   |                    | ecc.)  |
| City   | State                                   |   | Zip Code                  |  | T-5                                      | 1 17  | Check              |        |
| 1 *  |   | Н                                       | 1 '                       | M  | D  | Y   | Amount             | E0.00  |
| Reynoldsburg Full Name of Contributor                    | 0                                       | 11                                      | 43068                     | 1 0                                      |  | 1 0   |                    | 50.00  |
|  |   |   |                           | Registra                                 | ition Num                                | ber, if PA  | .C                 |        |
| Rita Furniss   | <u> </u>                                | _                                       |                           |  |  |   |                    |        |
| Street Address   | Employer/                               | Оссира                                  | ntion/Labor Organization* |  |  |   | Form (Cash, Check, | etc.)  |
| 2972 Arrowsmith Dr                                       |   |   | γ                         |  |  |   | Check              |        |
| City   | State                                   |   | Zip Code                  | M  | D  | Y   | Amount             |        |
| Reynoldsburg   | 0                                       | Н                                       | 43068                     | 1 0                                      | 2   7                                    | 1 0   |                    | 25.00  |
| Full Name of Contributor                                 |   |   |                           | Registra                                 | ntion Num                                | ber, if PA  | C                  |        |
| Bruce Hoover   |   |   |                           |  |  |   |                    |        |
| Street Address   | Employer/                               | Occupa                                  | tion/Labor Organization*  |  |  |   | Form (Cash, Check, | etc.)  |
| 3065 Royal Dornuch Circle                                |   |   |                           |  |  |   | Cash               |        |
| City   | State                                   | 2                                       | Zîp Code                  | М  | D  | Y   | Amount             |        |
| Delaware   | 0                                       | Н                                       | 43015                     | 1 0                                      | 217                                      | 1 0   | 5                  | 00.00  |
| Full Name of Contributor                                 |   |   |                           | Registra                                 | tion Num                                 | ber, if PA  | С                  |        |
| Petermann LTD  |   |   | •                         |  |  |   |                    |        |
| Street Address   | Employer/                               | Оссира                                  | ntion/Labor Organization* |  |  |   | Form (Cash, Check, | etc.)  |
| 8041 Hosbrook Rd Ste 330                                 | İ                                       |   |                           |  |  |   | Check              |        |
| City   | State                                   | е                                       | Zip Code                  | М  | D  | Y   | Amount             |        |
| Cincinnati   | 0                                       | Н                                       | 45236                     | 1 1                                      | 019                                      | 1 0   | 5,0                | 00.00  |
| Full Name of Contributor                                 |   |   |                           | Registra                                 | nton Num                                 |   | .C                 |        |
| Dennis Harden  |   |   |                           |  |  |   |                    |        |
| Street Address   | Employer/                               | Occup                                   | ation/Labor Organization* |  | • •                                      |   | Form (Cash, Check, | etc.)  |
| 2995 Diamondcut Dr                                       |   |   |                           |  |  |   | Check              |        |
| City   | State                                   | С                                       | Zip Code                  | М  | D  | Y   | Amount             |        |
| Columbus   | 0                                       | Н                                       | 43231                     | 1 1                                      | 0 4                                      | $1_{1 \pm 0}$                                     |                    | 50.00  |
| Full Name of Contributor                                 |   |   |                           |  | tion Num                                 |   |                    |        |
| Gail Wright  |   |   |                           |  |  |   |                    |        |
| Street Address   | Employer/                               | Оссира                                  | ation/Labor Organization* |  |  |   | Form (Cash, Check, | etc.)  |
| 2585 Darling Rd  |   | •                                       | · ·                       |  |  |   | Check              | ,      |
| City   | State                                   | e                                       | Zip Code                  | М  | D  | Y   | Amount             |        |
| Blacklick  | 0                                       | Н                                       | 43004                     | 1 1                                      | 1  | 1 0   |                    | 50.00  |
| Full Name of Contributor                                 |   |   | 10001                     |  | ation Num                                |   | C                  | 30.00  |
| William Young  |   |   |                           |  |  |   | <del>-</del> =     |        |
| Street Address   | Employer/Occupation/Labor Organization* |   |                           |  | Form (Cash, Check,                       | etc.)   |                    |        |
|  |   |   |                           | Check                                    |  |   |                    |        |
| City   | State                                   | e                                       | Zip Code                  | М  | D  | Y   | Amount             |        |
| Pataskala Pataskala                                      |   | H                                       | 43062                     |  | 0 4                                      |   | t                  | 20.00  |
| 1 ataskala   |   |   | 30004                     | 111                                      | [U 4                                     | 1110  |                    | .40.00 |

Page Total \$ 5,885.00

<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)]