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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				DANGE DANGE OF THE PARTY OF THE		
Name of Committee in Full Groveport Madison Committee For Be	attar Calaa	-1 ₀ - 1 - 1 - 1 - 1 - 1 - 1 - 1				
Full Name of Contributor	etter Schoo	ols			SCHOOLSENGER STREET	C10-10-10-10-10-10-10-10-10-10-10-10-10-1
Robert LeBlanc			Registra	ation Num	iber, if PA	C AND
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
8310 Benson Rd.	Employeroco	apation Labor Organization			4.4	
City	State	Zip Code	М	T D	Y	Check Amount
Carroll	OLH	1 -	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 1$	_	I	a de la companya de
Full Name of Contributor		TUIL		American Company	A STATE OF THE PARTY OF THE PAR	Colonia and the colonia and th
Bryan Mayhew Registration Number, if PAC						
Street Address	Employer/Occ	upation/Labor Organization*			Non-department	Form (Cash, Check, etc.)
5802 Donovans Bluff					40	Check
City	State	Zip Code	М	l D	ΙΥ	Amount
Grove City	OLH	43125	1111	0 3	0 8	B
Full Name of Contributor			A CONTRACTOR OF THE PARTY OF TH	tion Num	AND DESCRIPTION OF THE PARTY OF	Same the property of the same
Gayle McCreery					,	
Street Address	Employer/Occ	upation/Labor Organization*		Marana and American	AND COMPANY OF THE PARTY OF THE	Form (Cash, Check, etc.)
2849 Basil Western Rd						Check
City	State	Zip Code	M	D	Y	Amount
Baltimore	OH	. •	1 1	0 3	0 8	B
Full Name of Contributor			CONTRACTOR OF THE PARTY OF THE	tion Num		
Megan Merritt						
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
2879 Brookpark Circle						Check
City	State	Zip Code	М	D	Y	Amount
Grove City	OH	43123	1 1	0 3	0 8	10.00
Full Name of Contributor			AND DESCRIPTION OF THE PERSON	tion Num	Section of the Party of the Par	
Kelley Mitchell						
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
10125 Wellington Dr						Check
City - server	State	Zip Code	М	D	Y	Amount
Pickerington	OH	43147	1 1	0 3	0 8	25.00
Full Name of Contributor			THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	tion Num		
Jackie Moore						
Street Address	Employer/Occi	upation/Labor Organization*		z wyconawa d mieddiaidd ddiddiai		Form (Cash, Check, etc.)
9274 Southchester Dr NW	1					Check
City	State	Zip Code	М	D	Y	Amount
Pickerington	$\int O \mid H$	43147	1 1	0 3	0 8	20.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Amy Novar					i	Anguage Observed
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)
5661 Trotters Trail						15.00
City	State	Zip Code	М	D	Y	Amount
Canal Winchester	OH	43110	1 1	0 3	0 8	30.00
Full Name of Contributor Registration Number, if PAC						
Cynthia Pence						कुराम में या में अंतर में है
Street Address	Employer/Occu	pation/Labor Organization*		maraki II ma		Form (Cash, Check, etc.)
665 Montmorency Dr E						Check
City	State	Zip Code	М	D	Y	Amount
Pickerington	0 H	43147	1 1	0 3	0 8	25.00

Page Total \$	165.00

^{*} 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)]