_	
Page 5	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

					na sangan ang ang ang ang ang ang ang ang an		
Name of Committee in Full	D - 44 C -1 1	_					
Groveport Madison Committee For	better School	S			1		
			Registra	tion Nun	iber, if PA	AC .	
Carolyn Bohnlein Street Address	E 1 /0						
	Employer/Occup	pation/Labor Organization*				Form (Cash, Ch	ieck, etc.)
6320 Rossmore Lane				Y"		Check	
City	State	Zip Code	M	D	Y	Amount	
Canal Winchester	O H	43110	10	0 3			25.00
Full Name of Contributor			Registra	tion Nun	iber, if PA	vC	
Kay Knode						O	
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)
4435 Pickerington Rd NW						Check	
City	State	Zip Code	М	D	Y	Amount	
Carroll	O H	43112	1 0	0 3	0 8		25.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Nancy Christensen							
Street Address	Employer/Occup	ation/Labor Organization*	- Commission of the Commission			Form (Cash, Ch	eck, etc.)
45 Highmeadows Village Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Powell	OH	43065	1 0	0 3	0 8		25.00
Full Name of Contributor	THE RESERVE THE PROPERTY OF THE PARTY OF THE		Alatina and Annual State of the	Charles and Charles and Charles	ber, if PA	C	
M Elizabeth Stevenson					·		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck. etc.)
118 Gayle Dr	1	Ŭ				Check	
City	State	Zip Code	М	D	Y	Amount	
Pickerington	ОН	43147	1 0	0 3	1 . 1		14.75
Full Name of Contributor		1 TOT I	and the second second second	STANDARD SOUTH AND SOUTH	ber, if PA	C	17.70
Accurate Electric Construction Inc			TCO BIBLIA	JOH I VAII	ioci, ii i ri		
Street Address	Employer/Occum	ation/Labor Organization*		residente de la companya de la comp	esperante de la compania de la comp	Form (Cash, Ch	eck etc.)
6901 Americana Parkway	Employen occup	attom Daoot Ot Samization				Check	cck, cic.)
City	State	Zip Code	М	D	Y	Amount	
Reynoldsburg	OH	43068			I . I	Amount	100.00
Full Name of Contributor		43000	CONTRACTOR OF THE PARTY OF THE	and the second	08 ber, if PA	C	100.00
	Association		Registrat	JOH IVUIII	Dei, II FA		
Groveport Madison Local Education Association reet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						1	
6993 Britwell	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	0/	a: o. t.	1.77			Check	
	State O H	Zip Code	M	D	Y	Amount	200.00
Reynoldsburg		43068			0 8		200.00
Full Name of Contributor			Registrat	ion Num	ber, if PA	.C	
Linda Graves					222002000000000000000000000000000000000	Anna de la compania del compania de la compania de la compania del compania de la compania del la compania del la compania de la compania de la compania de la compania de la compania del la compania de	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
5210 Blair Ave						Check	
City	State	Zip Code	M	D	Y	Amount	
Canal Winchester	OH	43110	1 0	$1 \mid 0$	0 8		50.00
Full Name of Contributor			Registrat	ion Num	ber, if PA	C	
Tamara Evans				NO. STATE OF THE S			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
301 Laurel Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Pataskala	OH	43062	1 0	0 3	0 8		50.00

Page Total	\$ 489.75

^{*} 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)]