Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full Groveport Madison Committee For Be	ttor Sch	20016	•				
Full Name of Contributor	tter oci	10015		Dogistus	diam Niver	1	C
Heidi Day				Kegistra	tion Num	ber, II PA	.C
Street Address	Employer	/Occurs	ation/Labor Organization*				Form (Cash, Check, etc.)
	Employer	оссира	tion/Dator Organization				' '
8467 Kingsley Dr City	Sta	to	Zip Code	M	D	Y	Check Amount
Reynoldsburg	0	Н	43068		0 3	0 9	6.00
Full Name of Contributor				and formal and a second	tion Num	dan samana dan samad	Annial Control of the
Patricia Fletcher							
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
12176 Woodrow Lane	Simple of the Companion Sugarization			Check			
City	Sta	te.	Zip Code	M	l D	ΙΥ	Amount
Pickerington	0	Н	43147	0 6	1	0 9	6.00
Full Name of Contributor		***************************************	1011		tion Num		
Kathy Hinton				108.500		.001, 11 1 1 1	
Street Address	Employer	Оссира	ntion/Labor Organization*	_1			Form (Cash, Check, etc.)
8370 Bruce Ct							Check
City	Sta	te	Zip Code	M	D	Y	Amount
Canal Winchester	0	Н	43110	0 6	1 .	0 9	6.00
Full Name of Contributor		***************************************	1 10110		tion Nun	CONTRACTOR OF THE PARTY OF THE	
Aimee Holloway							
Street Address	Employer	/Оссира	ntion/Labor Organization*				Form (Cash, Check, etc.)
448 Crestmoore Dr	1 ' '						Check
City	Sta	te	Zip Code	М	D	Y	Amount
Groveport	0	Н	43125	0 6	0 3	0 9	30.00
Full Name of Contributor		Market Constitution of		A STATE OF THE PARTY OF THE PAR	ition Num	The second second second	Annual Company of the
Janis Imwalle							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
690 Waybaugh Dr							Check
City	Sta	te	Zip Code	М	D	Y	Amount
Gahanna	0	H	43230	0 6	0 3	0 9	6.00
Full Name of Contributor					tion Nun		
H Scott McKenzie							
Street Address	Employer	/Оссира	ntion/Labor Organization*				Form (Cash, Check, etc.)
1814 Millwood Dr							Check
City	Sta	te	Zip Code	M	D	Y	Amount
Upper Arlington	0	Н	43221	0 6	0 3	0 9	30.00
Full Name of Contributor					ition Num		
Susan Moore							
Street Address	Employer	/Occupa	ation/Labor Organization*		***************************************		Form (Cash, Check, etc.)
5075 Cherry Blossom Dr							Check
City	Sta	te	Zip Code	М	D	Y	Amount
Groveport	0	Н	43125	0 6	0 3	0 9	6.00
Full Name of Contributor	- Anna Carantel Cara			Market Contraction of the Contra	ition Num	On Andrew Contract Contract of	
					000000000000000000000000000000000000000		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	Sta	te	Zip Code	M	D	Y	Amount
		yes was a money a					

Page Total \$	90.00

^{*} 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)]