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Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full	Ear Potter Calcal			- Constitution of the Cons	- Augustina (Control of Control o		
Groveport Madison Committee	For Better School	S	In	4 .	L :CN :		Santarion serviciones and a servicion and the
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Heidi Day				usaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa		m /0 1 01	***************************************
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
8467 Kingsley Dr		Towns a second	1	1 -	,,,	Check	
^{City} Reynoldsburg	State O H	Zip Code 43068	$\begin{bmatrix} M \\ 0 & 3 \end{bmatrix}$	2 7	09	Amount	3.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Patricia Fletcher							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
12176 Woodrow Lane						Check	
City	State	Zip Code	М	D	Y	Amount	
Pickerington	O H	43147	0 3	2 7	0 9		3.00
Full Name of Contributor	takan pada ar eta adasak araba padabah 17 Karabada kempuan sahinda adalah bererak 18 kata		Registra	tion Num	ber, if PA	.C	
Kathy Hinton							
Street Address	Employer/Occup	ation/Labor Organization*	The converse mains the entitle			Form (Cash, Ch	eck, etc.)
8370 Bruce Ct						Check	
City	State	Zip Code	M	D	Y	Amount	······································
Canal Winchester	O H	43110	0 3	2 7	0 9		3.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Aimee Holloway							
Street Address	Employer/Occup	ation/Labor Organization*	America services	***************************************		Form (Cash, Ch	eck, etc.)
448 Crestmoore Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Groveport	OH	43125	0 3	2 7	0 9		15.00
Full Name of Contributor	annin manay, maranta amin'ny fivondrona amin'ny fivondrona ao		THE RESIDENCE OF THE PARTY OF T	tion Num	And the second second second	.C	
Janis Imwalle							
Street Address	Employer/Occup	ation/Labor Organization*	English Market M		mistava indicionatus	Form (Cash, Ch	eck, etc.)
690 Waybaugh Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	O H	43230	0 3	2 7	0 9		3.00
Full Name of Contributor			and the second s	tion Num	de construction de la construction	iC	
H Scott McKenzie							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1814 Millwood Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	OH	43221	0/3	2 7	0 9		15.00
Full Name of Contributor	en international de la filosophic de la			tion Num			
Susan Moore							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	ieck, etc.)
5075 Cherry Blossom Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Groveport	ОН	43125	0 3	2 7	0 9		3.00
Full Name of Contributor		L	average are more than the	tion Num		.С	
Kevin Scott							
Street Address	Employer/Occur	oation/Labor Organization*	<u></u>	nunnesinu))liintimeksinistoonij	idal işidə idə idə ilə ilə ilə ilə ilə ilə ilə ilə ilə il	Form (Cash, Cl	neck, etc.)
8375 Jefferson Rd NW						Cash	, ,
City	State	Zip Code	М	D	Y	Amount	
Caroll	OH	43112	0 3				40.00

Page Total \$ 85.00

^{*} 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)]