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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					distribution (ACHTONIO VIOLENCE ACTION	operation and the second			
	tor Sch	وأوما								
Groveport Madison Committee For Better Schools Full Name of Contributor Registration Number, if PAI								v.C		
Full Name of Contributor Groveport Madison Local Education Association Registration Number, if PAC										
Street Address	Employer/Occupation/Labor Organization*						Water-to-Sangarappear.	Form (Cash, Chec	k. etc.)	
6993 Britwell						Check				
City	State	e	Zip Code	М	Т	D	Y	Amount		
Reynoldsburg	0	Н	43068	0 4	$_4 $	0 6	0 9		200.00	
Full Name of Contributor	Registration Num						The second secon	AC .		
Marjorie Whitis							·			
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
610 Long Rd.								Check		
City	State	e	Zip Code	М	Т	D	Y	Amount		
Pickerington	0	Н	43147	0 4	4	0 6	0 9		75.00	
Full Name of Contributor	Registration Num						NAME AND ADDRESS OF THE OWNER, WHEN PERSONS NAMED AND ADDRESS OF T	AC	gayamayaqaaamayyyooqaasyaiqaayiisa	
Victoria Albrecht				Waterbar						
Street Address	Employer/	Occupa	tion/Labor Organization*					Form (Cash, Check, etc.)		
1467 Argus Rd								Check		
City	State	e	Zip Code	М		D	Y	Amount	,	
Columbus	0	Н	43227	0	4	0 6	0 9		50.00	
Full Name of Contributor Registration Number, if PA								\C		
Street Address	Employer/	Occupa	tion/Labor Organization*	L	i i i i i i i i i i i i i i i i i i i		Alexandria de la compansión de la compan	Form (Cash, Chec	k etc.)	
Sirect Address	Limpicyen	оссири	mon Euror Organization					orm (cush, chee	к, ске.)	
City	State	e	Zip Code	М	Т	D	Y	Amount		
	[- 1					
Full Name of Contributor				Regis	trati	on Num	ber, if P	\C		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
City	Stat	e	Zip Code	M	Т	D	Y	Amount		
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Full Name of Contributor			de museum experience accessor accessor de como mecanida experiencia de la mecanica escola de la mecanica de co	Regis	trati	on Num	ber, if PA	ÅC		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Chec	k, etc.)	
City	Stat	е	Zip Code	M	Т	D	Y	Amount		
Full Name of Contributor Registration Number, if P.							AC			
Street Address	Employer/	Оссира	ation/Labor Organization*	_				Form (Cash, Chec	k etc)	
oli oli ili dallossi	Employer/Occupation/Labor Organization							Tom (Cubi, Chec	m, etc./	
City	Stat	e	Zip Code	М	Т	D	Y	Amount		
	Ì			and the same of th		Table 1				
Full Name of Contributor Registration Number, if PAG								АC		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Chec	k, etc.)			
City	Stat	e	Zip Code	М	$ \top $	D	Y	Amount		
	100									
	CHINA WASHINGTON STATEMENT OF THE	ALCOHOLOGY AND A COLOR		A Conference of the	DOWNERS OF	A STREET OF STREET				

Page Total \$ 325.00

^{*} 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)]