| Page <u>1</u> |
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| Page I        |

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

|                               |   |   |  |  | inconceptor of the second |                  |  |  |
|-------------------------------|---|---|--|--|---------------------------|------------------|--|--|
| Name of Committee in Full     | For Rotton Cabasia                      |   |  |  |                           |                  |  |  |
| Groveport Madison Committee I | for better 50110019                     |   | Ragistra   | tion Nuesl                               | or if DA                  | C                | ***************************************  |  |
| Full Name of Contributor      |   |   |  | Registration Number, if PAC              |                           |                  |  |  |
| Heidi Day                     | I Emmlavar/Occurs                       | tion/Labor Organization*                |  |  |                           | Form (Cash, Chec | k etc \  |  |
| Street Address                | Employer/Occupa                         | mon/Lagor Organization*                 |  |  |                           | , ,              | n, etc.)   |  |
| 8467 Kingsley Dr              | G. A.                                   | Zi- Codo                                | 37   | D 1                                      |                           | Check            |  |  |
| <sup>City</sup> Reynoldsburg  | State O   H                             | Zip Code<br>43068                       | $\begin{vmatrix} M \\ 0 \end{vmatrix} 5$   | $\begin{bmatrix} D \\ 0 \end{bmatrix} 4$ | у<br>0 9                  | Amount           | 3.00   |  |
| Full Name of Contributor      |   |   | Registra   | tion Numl                                |                           | C                |  |  |
| Patricia Fletcher             |   |   |  |  |                           |                  |  |  |
| Street Address                | Employer/Occupa                         | ition/Labor Organization*               |  |  |                           | Form (Cash, Che  | ck, etc.)  |  |
| 12176 Woodrow Lane            |   |   |  |  |                           | Check            |  |  |
| City                          | State                                   | Zip Code                                | М  | D  | Y                         | Amount           |  |  |
| Pickerington                  | OH                                      | 43147                                   | 0 5  | 0 4                                      | 0 9                       |                  | 3.00   |  |
| Full Name of Contributor      |   |   | Registra   | tion Num                                 | ber, if PA                | C                |  |  |
| Kathy Hinton                  |   |   |  |  |                           |                  |  |  |
| Street Address                | Employer/Occupa                         | ation/Labor Organization*               |  |  |                           | Form (Cash, Che  | ck, etc.)  |  |
| 8370 Bruce Ct                 |   |   |  | Check                                    |                           |                  |  |  |
| City                          | State                                   | Zip Code                                | М  | D  | Y                         | Amount           |  |  |
| Canal Winchester              | OH                                      | 43110                                   | 0   5  | $0 \mid 4$                               | 0 9                       |                  | 3.00   |  |
| Full Name of Contributor      |   |   | Registra   | tion Num                                 | ber, if PA                | .C               | S Secretaria de la constitución de |  |
| Aimee Holloway                |   |   |  |  |                           |                  |  |  |
| Street Address                | Employer/Occup                          | ation/Labor Organization*               | E Constitution of the Cons |  |                           | Form (Cash, Che  | ck, etc.)  |  |
| 448 Crestmoore Dr             |   |   |  |  |                           | Check            |  |  |
| City                          | State                                   | Zip Code                                | М  | D  | Y                         | Amount           |  |  |
| Groveport                     | OH                                      | 43125                                   | 0 5  | $0 \mid 4$                               | 0 9                       |                  | 15.00  |  |
| Full Name of Contributor      |   |   | Registra   | ition Num                                | ber, if PA                | кC               |  |  |
| Janis Imwalle                 |   |   |  |  |                           |                  | ***************************************  |  |
| Street Address                | Employer/Occupation/Labor Organization* |   |  |  |                           | Form (Cash, Che  | ck, etc.)  |  |
| 690 Waybaugh Dr               |   |   |  |  |                           | Check            |  |  |
| City                          | State                                   | Zip Code                                | М  | D  | Y                         | Amount           |  |  |
| Gahanna                       | OH                                      | 43230                                   | 0 5  | $0 \mid 4$                               | 0 9                       |                  | 3.00   |  |
| Full Name of Contributor      |   |   | Registra   | ition Num                                | ber, if PA                | \C               |  |  |
| H Scott McKenzie              |   |   |  |  |                           |                  |  |  |
| Street Address                | Employer/Occupation/Labor Organization* |   |  |  |                           | Form (Cash, Che  | ck, etc.)  |  |
| 1814 Millwood Dr              |   |   |  |  |                           | Check            |  |  |
| City                          | State                                   | Zip Code                                | М  | D  | Y                         | Amount           |  |  |
| Upper Arlington               | OH                                      | 43221                                   | 0 5  | 0   4                                    | 0 9                       |                  | 15.00  |  |
| Full Name of Contributor      |   |   |  | ation Num                                |                           |                  |  |  |
| Susan Moore                   |   |   |  |  |                           |                  |  |  |
| Street Address                | Employer/Occupation/Labor Organization* |   |  |  |                           | Form (Cash, Che  | ck, etc.)  |  |
| 5075 Cherry Blossom Dr        |   |   |  |  |                           | Check            |  |  |
| City                          | State                                   | Zip Code                                | М  | D  | Y                         | Amount           |  |  |
| Groveport                     | O H                                     | 43125                                   | 0 5  | 0 4                                      | 0 9                       |                  | 3.00   |  |
| Full Name of Contributor      |   |   | Registr  | ation Nun                                | iber, if P                | AC               |  |  |
| Street Address                | Employer/Occur                          | Employer/Occupation/Labor Organization* |  |  |                           | Form (Cash, Che  | eck, etc.)   |  |
|                               |   |   |  |  |                           |                  | ,  |  |
| City                          | State                                   | Zip Code                                | M  | D  | Y                         | Amount           |  |  |
|                               |   |   |  |  |                           |                  |  |  |
|                               |   | 1                                       |  |  |                           | 1                |  |  |

| Page | Total | \$<br>45.00 |
|------|-------|-------------|

<sup>\*</sup> 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)]