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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

N								
Name of Committee in Full	(a. Dalkan C1 1.							
Groveport Madison Committee to Full Name of Contributor	or better schools	j 	Do mine	ion Mus-1	now if Day	<u>~</u>		
		Registration Number, if PAC						
Tracy Soler	Ir 1. 6.	# 1 · O				E 40 1 0		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
5269 Sims Road		1=				Cash		
City	State	Zip Code	M	D	Y	Amount	24.22	
Groveport	O   H	43125		0 4	1   4		96.80	
Full Name of Contributor			Registra	tion Numi	ber. if PA	С		
Tracie Charles	<del></del>					<del> </del>		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash. Check. etc.)		
5096 Rutledge Dr North				, ,		Cash		
City	State	Zip Code	M.	D	Y	Атоши		
Columbus	OIH	43232	013		$1 \mid 4$		4.55	
Full Name of Contributor			Registra	tion Numi	ber. if PA	С		
Meghan Hilligas		•						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash. Che	eck. etc.)	
2811 Legislate Drive						Cash		
City	State	Zip Code	M	D	Y	Amount		
Columbus	_ O   H	43207		0 5	$1 \mid 4$		4.55	
Full Name of Contributor			Registra	tion Num	ber. if PA	С		
Gerard Krug								
Street Address	Епфloyег/Оссир	ation/Labor Organization*		F			eck. etc.)	
2042 240th Street	ļ		_			Cash		
City	State	Zip Code	М	D	Y	Amount		
Lomita	C   A	90717	013	015	$1 \mid 4$		19.12	
Full Name of Contributor	<u> </u>		Registra	tion Num	ber, if PA	С		
LaDeana Whitesel								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash. Check. etc.)		
191 Walnut Street						Cash		
City	State	Zip Code	M	D	Y	Amount		
Groveport	0   H	43125	013	015	1 4		9.41	
Full Name of Contributor			Registra	tion Num	ber, if PA	.c		
Michelle Caldwell								
Street Address	Employer/Occup	nation/Labor Organization*				Form (Cash. Ch	eck. etc.)	
3038 Whitlow Road						Cash		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OIH	43232	013	0 5	1 4		4.55	
Full Name of Contributor	- · ·			tion Num				
Lisa Barnes								
Street Address	Employer/Occup	oation/Labor Organization*	-			Form (Cash. Ch	eck. etc.)	
882 Main Street					Cash			
City	State	Zip Code	M	D	Y	Amount		
Groveport	ОІН	43125	013	016	114		4.55	
Full Name of Contributor	1 - :	•		tion Num		C		
Jerry Buck								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash. Check, etc.)			
5180 Old Groveport Rd	' '					Cash		
City	State	Zip Code	М	D	Y	Amount	-	
Groveport	ОТН	43125	013	017	114		4.55	
GIOVEDOIT	101	ideas If contributor is salf as			1111		1.00	

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<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)}