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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full										
Groveport Madison Committee For 1	Ratton Cal	haal	2							
Full Name of Contributor	better 50	10018	·	Danie		. 1	1 '015 (	2		
1st Service Federal Credit Union					Registration Number, if PAC					
Street Address	Employe	:/Occun:	ation/Labor Organization*					Form (Cash, Ch	2014 -4- X	
100 Main Street	Employe	. Остара	anon Dabor Organization						eck. etc.)	
City	Sta	te	Zip Code	М	1		Y	Check		
Groveport	O	H	43125		- 1	9	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 0$	Allouik	E00.00	
Full Name of Contributor			43123		_	_	L I   U ber, if PA	Ċ	500.00	
Patricia Fletcher				ike gasi	aanon	· vuii	ioci, ii i zi	C)		
Street Address	Employer	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
12176 Woodrow Lane	proper occupation Labor Organization.							Check		
City	Sta	te	Zip Code	T M.	ı	<b>)</b>	Y	Amount	<del></del>	
Pickerington	Oi	Н	43147	111	1		10	Minotine	3.00	
Full Name of Contributor			10147		_		L I U ber. if PA	<u> </u>	3.00	
Kathy Hinton				i ttegis.				•		
Street Address	Employer	/Оссира	ttion/Labor Organization*					Form (Cash, Che	ek etc.)	
8370 Bruce Ct			Ç.					Check		
City	Sta	te	Zip Code	М	I.	<u> </u>	Υ	Amount		
Canal Winchester		Н	43110		- 1	9	1 0		3.00	
Full Name of Contributor			10110				ber, if PA		3.00	
Aimee Holloway				*				~		
Street Address	Employer	/Оссира	tion/Labor Organization*			-		Form (Cash, Che	rck etc.)	
448 Crestmoore Dr	- The state of the							Check		
City	Sta	te	Zip Code	M	1	<del></del>	Y	Amount		
Groveport	01	Н	43125	1112	20	9	10		15.00	
Full Name of Contributor			10120			_	ber, if ≥A	C	15.00	
H Scott McKenzie										
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
1814 Millwood Dr	Ì							Check		
City	Sta	te	Zip Code	М	Ľ	<del></del>	Y	Amount		
Upper Arlington	01	Н	43221	11/2	2  09	0	10		15.00	
Full Name of Contributor					_		ber, if PA	C	10.00	
•										
Street Address	Employer/Occupation/Labor Organization*							Fo⊓n (Cash, Check, etc.)		
City	Sta	te	Zip Code	М	E	,	Y	Amount		
Full Name of Contributor				Regist	ration l	Vumi	ber, if PA	С		
Susan Moore										
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Che	ck, etc.)	
5075 Cherry Blossom Dr				*:T				Check		
City	Sta	te	Zip Code	М	T i	,	Y	Amount		
Groveport	0	Н	43125	112	2 0	9	1 0		3.00	
Full Name of Contributor	***			Regist	ration l	Sum	ber, il`P∧	С		
Street Address	Emmlos	(Oac	tion!! also Organizate *					F (C 1 C	1	
Succi Addiess	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
City	Sta	e e	Zip Code	М	Ĺ		Y	Amount		
1 <del>y</del>	ا		Lip Couc	l M	'		1	MINUIL		
equired for contributions (van) individuals over \$100 to statewide and			10 70 10	<u> </u>	┸					

Page Total \$	539.00

<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)]