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Statement of Contributions Received

Prescribed by Secretary of State 3/05

N							
Name of Committee in Full Groveport Madison Committee I	For Bottor School	o.					
Full Name of Contributor	or perier actions	5					
Petermann LLC			Registra	ation Nun	nber, if PA	AC	
Street Address	Employer/Occup	ation/Labor Organization*			of the second second second	Form (Cash, (ΩL1 \
8041 Hosbrook Rd Ste 330	Employen Occup	anon Labor Organization				8	
City	State	Zip Code	1 37	1 5	T 32	Check	********
Cincinnati	O H	45236	$\begin{bmatrix} M \\ 1 \end{bmatrix} 0$	0 3	$\begin{vmatrix} \mathbf{Y} \\ 0 & 8 \end{vmatrix}$	Amount	5,000.00
Full Name of Contributor		1 10200	All Colleges and a supplemental and the second	The second secon	ber, if PA		3,000.00
Mary Tedrow			1 Cogistie	thon Ivan	ibei, ii F	10	
Street Address	Employer/Occup	ation/Labor Organization*				Eom (Cork (W11
5269 Lithopolis Rd	Employ en occup				Form (Cash, Check, etc.)		
City	State	Zip Code	M	I D	Y	Check	
Groveport	OH	43125		D		Amount	200.00
Full Name of Contributor		43123	10	The second second	Alternation of the Control of the Co	L	200.00
Victoria Albrecht			Registra	inon ivun	iber, if PA	AC.	
Street Address	EI(O	ation/Labor Organization*					
	Епірюуел/Оссир				Form (Cash, Check, etc.)		
1467 Argus Rd ^{City}	Gr. i	In: 0.1	1		·	Check	
Columbus	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	O H	43227	1 0	According to the same of	CONTRACTOR OF THE PARTY OF THE		100.00
			Registra	ition Nurr	iber, if PA	/C	
Dunloe PTO Street Address							
	Employer/Occupa	ation/Labor Organization*				Form (Cash, C	Theck, etc.)
3200 Dunloe Rd		·		***************************************		Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43232	$1 \mid 0$		0 8		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	rC	
Jody Davis				Name of the last o			
Street Address	Employer/Occupa				Form (Cash, Check, etc.)		
1794 Leighton Dr						Check	_
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	O H	43068	1 0	0 3	0 8		20.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Susan Keys							
Street Address	Employer/Occupa				Form (Cash, C	heck, etc.)	
465 Buckhorn CT						Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	O H	43081	1 0	0 3	0 8		50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Thomas McElligott							
Street Address	Employer/Occupa	tion/Labor Organization*		***************************************		Form (Cash, C	heck, etc.)
3852 Quail Hollow Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43228	1 0	0 3	0 8		50.00
Full Name of Contributor			Description of the land of the	ASSESSMENT AND ADDRESS OF THE	ber, if PA	C	
Mary Christine Bowser							
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, C	heck, etc.)
7788 Tokatee Dr						Check	
City	State	Zip Code	М	D	Y	Amount	***************************************
Pickerington	OH	43147	1 0	0 3	0 8		100.00
	The second secon		and the second second second	Charles International Conference	THE PERSON NAMED OF THE PE	The state of the s	***************************************

Page Total \$ 5,620.00

^{*} 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)]