	-
Dage	~
rage	9

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Groveport	, , , , , , , , , , , , , , , , , , ,		<u>-</u>		•				
Facility Control Con									
McGill Development Corp. Super Address Employen/Occupation/Labor Organization* Form (Cath, Check, etc.) Check		Setter Schools	<u></u>						
Size Address				Registration	Number, if PA	C			
1 Mission Park									
Same Zap Code N 3 18 14 150.00		Employer/Occupa	ation/Labor Organization*			` ′)		
Groveport	1 Mission Park					Check			
Full Name of Countbetor Catherine Zech	City		· ·	1 . 1	_	Amount			
Catherine Zech		OH	43125	031	8 1 4	150	.00		
Employer/Occupation/Labor Organization*	Full Name of Contributor Registration Number, if PAC								
State	Catherine Zech								
State		Employer/Occup	ation/Labor Organization*	·		Form (Cash. Check, etc.)	,		
Croveport	5085 Cherry Blossom Drive	_				Check			
Full Name of Contributor State Zap Code M D Y Annount	City	State	Zip Code	M !	D Y	Amount			
Robert Rains, Jr. Sure Address	Groveport	O H	43125	032	10 1 4	10	00.0		
Sure Address Employer/Occupation/Labor Organization* Sure Check Sure	Full Name of Contributor			Registration	Number, if PA	С			
State Zip Code M D Y Amount	Robert Rains, Jr.			L					
State	Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.))		
Calloway	545 Heron Drive					Check			
Full Name of Contributor Linda Strong Street Address Check City Columbus Check City Check Check City C	City	State	Zip Code	M	D Y	Amount			
Registration Number. if PAC	Gallowav	OIH	43119	031	5 1 4	325	.00		
Employer/Occupation/Labor Organization*	Full Name of Contributor		<u>* </u>	Registration	Number, if PA				
Employer/Occupation/Labor Organization*	Linda Strong			1					
State Zip Code M D Y Amount 150.00		Employer/Occup	ation/Labor Organization*	1		Form (Cash, Check, etc.))		
State Zip Code M D Y Amount 150.00	2165 Weslevan Drive					Check			
Registration Number. if PAC		State	Zip Code	M	D Y	Amount			
Registration Number. if PAC	Columbus	O H	43221	013/2	1 1 4	150	00.6		
Street Address Employer/Occupation/Labor Organization*									
Street Address Employer/Occupation/Labor Organization*	Sporleder & Associates, LLC								
State Zip Code M D Y Amount		Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.))		
Groveport	230 East Main Street					Check			
Full Name of Contributor	City	State	Zip Code	M	D Y				
Full Name of Contributor Ulrey Foods, Inc. Street Address 3967-F Presidential Parkwav City Powell O H 43065 Street Address L W Associates, Inc. Street Address 164 West Main Street City Ashville O H 43108 O H 43108 Form (Cash. Check, etc.) Check To Amount Check Registration Number. if PAC Check Amount Check City State Zip Code M D Y Amount Check Check Check Check Check Check City Ashville O H 43108 O 3 2 3 1 4 500.00 Full Name of Contributor Maria McGraw Street Address 468 Crestmoore Drive City State Zip Code M D Y Amount Cash Check etc.) Cash Cash Check etc.) Cash	Groveport	OIH	43125	013 2	1 1 1 4	100	00.0		
Street Address State Zip Code M D Y Arround				Registration	Number, if PA	C			
Street Address State Zip Code M D Y Arround	Ulrev Foods, Inc.								
State Zip Code M D Y Amount		Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)	}		
Powell	3967-F Presidential Parkwav					Check			
Full Name of Contributor L W Associates, Inc. Street Address 164 West Main Street City Ashville O H 43108 Street Address M D Y Amount Maria McGraw Street Address Employer/Occupation/Labor Organization* Form (Cash. Check. etc.) Check M D Y Amount Maria McGraw Street Address Employer/Occupation/Labor Organization* Form (Cash. Check. etc.) Cash City State Zip Code M D Y Amount Cash Check. etc.) Cash City State Zip Code M D Y Amount	City	State	Zip Code	М	D Y	Amount			
Full Name of Contributor L W Associates, Inc. Street Address 164 West Main Street City Ashville O H 43108 Street Address M D Y Amount Maria McGraw Street Address Employer/Occupation/Labor Organization* Form (Cash. Check. etc.) Check M D Y Amount Maria McGraw Street Address Employer/Occupation/Labor Organization* Form (Cash. Check. etc.) Cash City State Zip Code M D Y Amount Cash Check. etc.) Cash City State Zip Code M D Y Amount	Powell	OIH	43065	0 3 2	2 0 1 4	1,000	00.0		
Street Address									
Street Address	L W Associates, Inc.								
State Zip Code M D Y Amount		Employer/Occup	ation/Labor Organization*	*		Form (Cash. Check. etc.))		
State Zip Code M D Y Amount	164 West Main Street					Check			
Full Name of Contributor Maria McGraw Street Address Employer/Occupation/Labor Organization* Form (Cash. Check. etc.) Cash City Registration Number. if PAC Form (Cash. Check. etc.) Cash M D Y Amount		State	Zip Code	М	D Y				
Full Name of Contributor Maria McGraw Street Address 468 Crestmoore Drive City Registration Number, if PAC Registration Number, if PAC Form (Cash, Check, etc.) Cash M D Y Amount	Ashville	O H	43108	01312	2 3 1 4	500	00.0		
Street Address 468 Crestmoore Drive State Zip Code M D Y Amount State Zip Code M D Y Amount		•		Registration	Number, if PA				
Street Address 468 Crestmoore Drive State Zip Code M D Y Amount Street Address Employer/Occupation/Labor Organization* Form (Cash. Check. etc.) Cash Amount	Maria McGraw			1					
City State Zip Code M D Y Amount		Employer/Occupation/Labor Organization*			Form (Cash. Check. etc.))			
City State Zip Code M D Y Amount	468 Crestmoore Drive					Cash			
Groveport O H 43125 0 3 2 8 1 4 15.00		State	Zip Code		3				
	Groveport	OH	43125	0 3 2	2 8 1 4	15	<u>i.00</u>		

Page Total S 2.250.00

^{*} 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)]