Statement of Contributions Received

Prescribed by Secretary of State 3/05

				_			
Name of Committee in Full Groveport Madison Committee For B	attar Sal	haale	<u> </u>				
Full Name of Contributor	etter oci	HOOR	<u> </u>	In .	7	inn	
Jamie Allen				Registra	ation Nu	mber, if Pa	AC .
Street Address	Employer	/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
2255 Golden Leaf Lane	Lithoye	оссир	anon-Labor Organization				Check
City	Sta	te	Zip Code	М	T D	ΤY	Amount
Columbus	01	Н	43223	1 1	014	1 0	85.00
Full Name of Contributor	<u> </u>		<u>'</u>			mber, if P	
Aric Thomas							
Street Address	Employer	/Occupa	ation/Labor Organization*	_			Form (Cash, Check, etc.)
1342 Halfhill Way							Check
City	Sta	te	Zip Code	М	D	Y	Amount
Columbus	0	H	43207	1 1	0 4	l 1 <u> 0</u>	100.00
Full Name of Contributor				Registra	ation Nu	mber, if P	/C
Brandy Grieves							
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
620 Laurel Oak Ct							Check '
City	Sta		Zip Code	М	D	Y	Amount
Westerville	0	Н	43081	1 1	0 4	10	80.00
Full Name of Contributor				Registra	tion Nu	mber, if P	VC
Huntington Bank							
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
PO Box 1558			T				Cash
City Columbus	Sta		Zip Code	M	D	Y	Amount
Full Name of Contributor	[0]	Н	43219	1 1	0 4		
Pair Name of Continuos				Registra	ition Nu	mber, if PA	AC .
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
	Simployer	, Ос си рі	Monthe Capoli Organization				Point (Cash, Check, etc.)
City	Sta	te	Zip Code	М	D	Y	Amount
·	l ī			"	Ιí		7 through
Full Name of Contributor	<u> </u>		<u> </u>	Registra	tion Nu	mber, if PA	
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
City	Sta	te	Zip Code	M	D	Y	Amount
	1						
Full Name of Contributor				Registra	tion Nu	mber, if P/	AC .
						•	
Street Address	Employer	/Occupa	ntion/Labor Organization*				Form (Cash. Check, etc.)
City	Stat	te	Zip Code	М	D	Y	Amount
Full Name of Contributor				Registra	ition Nur	mber, if PA	AC .
							
Street Address	Employer/Occupation/Labor Organization*				-		Form (Cash, Check, etc.)
0:	_		, -				
City	Stat	te	Zip Code	М	D	Y	Amount
			<u> </u>				

Page Total \$ 1,265.00

^{*} 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)]