| Page 2 | |
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | Dattan Calcad | · · · · · · · · · · · · · · · · · · | | | | | |
|---|---|-------------------------------------|----------|-----------------------------|--------------|--------------------------|--|
| Groveport Madison Committee For F | setter School | ıs | Income | 35 | 1 | | |
| Fifth Third Bank | | | | Registration Number, if PAC | | | |
| Street Address | Employer/Occur | pation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| 550 E Walnut St | | | | | | Check | |
| City | State | Zip Code | M | D | Y | Amount | |
| Columbus | 0 H | 43215 | | | 1 3 | 250.00 | |
| Full Name of Contributor Durham School Services | | | Registra | ition Nun | ber, if PA | AC . | |
| Street Address | Employer/Occu | pation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| 4300 Weaver Parkway | | | | | | Check | |
| City | State | Zip Code | М | D | Y | Amount | |
| Warrenville | IIF | 60555 | 016 | 1017 | 113 | 1,000.00 | |
| Full Name of Contributor | | | | • | iber, if PA | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | | - | Form (Cash, Check, etc.) | |
| | | | | | | | |
| City | State | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | 1 | | Pagistr | rian Num | ber, if PA | | |
| run Name of Controllor | | | Kegisu | MOD Nui | ibei, ii r | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| | | | | | | | |
| City | State | Zip Code | M | D | Y | Amount | |
| F.II.V. | | | D | <u> </u> | L :CD4 | <u> </u> | |
| Full Name of Contributor | | | Kegisti | mon van | ıber, if P.A | ic . | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| | | | | | | | |
| City | State | Zip Code | М | Ð | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor | | | Registra | ation Num | ber, if PA | AC | |
| Street Address | Employer/Occur | pation/Labor Organization* | <u> </u> | | | Form (Cash, Check, etc.) | |
| | ,, , , , , , , , , , | , | | | | | |
| City | State | Zip Code | М | D | Y | Amount | |
| | | | | 1 (| 1 1 | | |
| Full Name of Contributor | · · · | • | Registra | ition Nun | ber, if PA | C | |
| | lr 1 10 1 | | | | | r - (Cat Charles -) | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | М | D | Y | Amount | |
| | | | | | 1 1 | | |
| Full Name of Contributor | ···· | • | Registr | ation Nun | iber, if PA | AC . | |
| Caran Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| Street Address | Employer/Occupation/Laoor Organization | | | e orm (Casi, Cutter, Cit.) | | | |
| City | State | Zip Code | М | Ð | Y | Amount | |
| | | | | | | 1 | |
| | .1 11 | 11.1 10 11 1 10 | | | | C-1 | |

* 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)]

Page Total \$ 1,250.00