## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

								der selektion og kommen og selektioner
Name of Committee in Full	Hon Co	اممار	7					
Groveport Madison Committee For Better Schools Full Name of Contributor					Project No. 1 (CD4C)			
1					Registration Number, if PAC			
Emily Curry	15 T				ryanczuje is riest USC de torr			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
10820 Edgewood Dr	ļ					ψ	Check	
City Dublin	O	ate H	Zip Code 43017	M	D	Y	Amount	100.00
Full Name of Contributor		11	43017	10	order and a second and a second and	And the second second second	Contract to the contract of th	100.00
Full Name of Contributor  Carolynn Pillin								
Street Address	Employer/Occupation/Labor Organization*			_L			Form (Cash, Chec	k. etc.)
316 Villa Oaks Ln							Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Gahanna	0	Н	43230	1 0	0 3	0 8		25.00
Full Name of Contributor	and the same of th	L		and the same of the same of	ation Nun	CONTRACTOR CONTRACTOR	\C	
Tammy Rodich								
Street Address	Employer/Occupation/Labor Organization*					·····	Form (Cash, Chec	k, etc.)
4681 Cadmus Dr							Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	10	Н	43228	10	0 3	0 8		20.00
Full Name of Contributor				NAME OF TAXABLE PARTY.	ation Num	CONTRACTOR	\C	
Doris Maxson								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Chec	k. etc.)
4658 Harbor Blvd					Check			
City	St	ate	Zip Code	M	D	ΙΥ	Amount	
Columbus	0	Н	43232	1 0	0 3	0 8		100.00
Full Name of Contributor	Activities of the second	and the second second second		MANAGEMENT AND ASSOCIATION	ation Num	and the later of t	Service and the service and th	100.00
Elizabeth Liechner								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Chec	k etc.)
1335 Brookview Circle	' '	•	Ü				Check	,
City	St	ate .	Zip Code	M	I D	Y	Amount	
Pickerington	0	Н	43147	1	0 3	0 8		25.00
Full Name of Contributor			1011/	THE RESERVE OF THE PERSON NAMED IN	ation Num	CAMPANDO CAMPANDO	C	20.00
Hahn Exterminating Service								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Chec	k etc.)
161 North Trimble Rd					Check			, •••••)
City	St	ate	Zip Code	М	D	Y	Amount	
Mansfield	1	Н	44906		0 3			100.00
Full Name of Contributor	1 –	2015 P 2010 P 1010 P 1010	1 11700		ation Num			100.00
Sharon Brady				1.08.00.				
Street Address	Employe	r/Occupa	ation/Labor Organization*	<u> </u>			Form (Cash, Chec	k. etc.)
6424 Hemmingford Dr	. ,						Check	,,
City	St	ate	Zip Code	M	D	Y	Amount	
Canal Winchester	0	Н	43110	1 0	0 3	0 8		25.00
Full Name of Contributor				AND PARKS STREET, STRE	ation Num	Accessed the boundaries	vC	
Tamasene McCauley								
Street Address	Employe	r/Occupa	ation/Labor Organization*		distance of the party and the bayes		Form (Cash, Chec	k, etc.)
6210 Upperridge Dr							Check	
City	St	ate	Zip Code	М	D	Y	Amount	
Canal Winchester	0	Н	43110	10	0 3	0 8		25.00

Page Total \$ 420.00

<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)]