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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groveport Madison Committee For Be	attor Sch	مادماد	,					
Full Name of Contributor	itter oci	10015	<u> </u>	Denime	aina Niaa	haa is ba		
Heidi Day				Registra	ition Num	iber, it PA	ic.	
Street Address	Employer/	Оссира	tion/Labor Organization*	L			Form (Cash, Check	k. etc.)
8467 Kingsley Dr	' '						Check	,
City	Stat	e	Zip Code	М	T D	ΙΥ	Amount	
Reynoldsburg		H	43068	1 0		110		3.00
Full Name of Contributor					tion Num	ber, if PA	VC	
Patricia Fletcher								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
12176 Woodrow Lane							Check	
City	Stat	e	Zip Code	М	T D	ΙΥ	Amount	
Pickerington	\perp_{O}	Н	43147	1 0	2 0			3.00
Full Name of Contributor	10,		1011/		tion Num		VC	- 0.00
Kathy Hinton				and and				
Street Address	Employer/	Оссира	ition/Labor Organization*	L		-	Form (Cash, Check	k. etc.)
8370 Bruce Ct	' '	•					Check	
City	Stat	е	Zip Code	М	D	ΓŸ	Amount	
Canal Winchester	$\perp_{O\perp}$	Н	43110	10	I .	1 0		3.00
Full Name of Contributor			10110		tion Num		ιC	0,00
Aimee Holloway						•		
Street Address	Employer/	Occupa	tion/Labor Organization*	_			Form (Cash, Check	k, etc.)
448 Crestmoore Dr		•	-				Check	
City	Stat	e	Zip Code	М	D	Y	Amount	
Groveport		H	43125	110	2 0	110		15.00
Fuli Name of Contributor		*****			tion Num		VC	
Janis Imwalle								
Street Address	Employer/	Оссира	ition/Labor Organization*				Form (Cash, Check	k, etc.)
690 Waybaugh Dr							Check	
City	Stat	e	Zip Code	М	D	Y	Amount	
Gahanna		Н	43230	110	2 0	1110	\	3.00
Full Name of Contributor				_	ntion Nurr			
H Scott McKenzie								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1814 Millwood Dr							Check	
City	Stat	e	Zip Code	М	D	Y	Amount	 -
Upper Arlington	0	Н	43221	1110	2 0	$\lfloor 1 \rfloor 0 \rfloor$		15.00
Full Name of Contributor			I.		tion Nun			
Susan Moore								
Street Address	Employer	Оссира	ntion/Labor Organization*				Form (Cash, Check	k, etc.)
5075 Cherry Blossom Dr							Check	
City	Stat	e	Zip Code	М	D	Y	Amount	
Groveport	0	Н	43125	1 0	2 0	1 0		3.00
Full Name of Contributor			•	-	ition Nun			
Street Address	E1	(Onc	ation/Labor Organization*	<u> </u>			E /Ca-1 Cl	le eta l
Succi Audiess	Енфюусп	оссира	HOW FROM ORRHINGHOU.				Form (Cash, Checi	i. eic.)
City	Stat	ie	Zip Code	М	D	Y	Amount	
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* 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 \$	45.00