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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

					Sharalwike anyanye kuno	(Control of the Control of the Contr	ANAMANANANANANANANANANANANANANANANANANA	
Name of Committee in Full	u C 1	 !_						
Groveport Madison Committee For Be	etter Schoo.	LS		nicolarente i de de la constitución de la constituc	veccesions/24/16003/24			
Full Name of Contributor				Registration Number, if PAC				
The Final Floor Inc.						I		
Street Address	Employer/Occu				Form (Cash, Check, etc.)			
PO Box 380		· •				Check		
City	State	Zip Code	M	D	Y	Amount	400.00	
Sugar Grove	0 H	43155	0 3		0 9		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Refrigeration Services Company Inc.								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
7300 Jackson Pike						Check		
City	State	Zip Code	M	D	Y	Amount		
Lockbourne	O   H	43137	0 3	2 7	0 9		500.00	
Full Name of Contributor	Registration Number, if P					ıC		
Mary Tedrow				-				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)	
6269 Lithopolis Rd.					Check			
City	State	Zip Code	М	D	Y	Amount		
Groveport	OH	43125	0 3	2 7	0 9		250.00	
Full Name of Contributor			Registra	ation Num	ber, if PA	.С		
David Lanning								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
5375 Reading Township Rd 143 NE			Check					
City	State	Zip Code	M	D	Y	Amount		
Somerset	OH	43783	0 3	2   7	0 9		50.00	
Full Name of Contributor		angan kangan tangan terbahan salah sal	COLUMN TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	ation Num		СC		
Christine Bowser								
Street Address	Employer/Occu	pation/Labor Organization*		i Austria di Gustia produce della	managan pagada kecah	Form (Cash, Ch	eck, etc.)	
7788 Tokatee Dr						Check		
City	State	Zip Code	М	D	Y	Amount		
Pickerington	ОН	43147	0 3	2 7	0 9		100.00	
Full Name of Contributor				ation Num	MANAGEMENT OF THE PARTY OF	\C		
Mary Schroeder					*			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc			eck, etc.)	
7233 Eventrail Dr					Check			
City	State	Zip Code	M	D	Y	Amount		
Powell	OH			2 7		K .	100.00	
Full Name of Contributor		1 200		ation Num			200.00	
William Young JR			5					
Street Address	Employer/Occu	pation/Labor Organization*	<u> </u>		en e	Form (Cash, Ch	eck, etc.)	
42 Sycamore Creek Rd.	1				Check			
City	State	Zip Code	М	D	Y	Amount		
Pataskala	OH	43062	$\begin{bmatrix} M \\ 0 \end{bmatrix}$ 3	i	i ,	ii e	250.00	
Full Name of Contributor		J TOUL					ZUU.UU	
Full Name of Contributor Registration Number, if PAC  H Scott McKenzie								
Street Address	Employer/Ossa	pation/Labor Organization*		Mission constraint and	en e	Form (Cash, Ch	eck etc.)	
	Employer/Occu	pation/Labor Organization*				roini (Casii, Cli	cck, cic.)	
2374 Brixton Rd.	Ctata	T7in Code	1 34	T D	T 7/	Amount		
Columbia	O   H	Zip Code	M	D	Y	Amount	250.00	
Columbus	OH	43221	0 3	2 7	0 9		250.00	

Page Total \$ 1,600.00

<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)]