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Page 1	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Groveport Madison Committee For	Rottor School	l <sub>c</sub>						
Full Name of Contributor	Detter School	15	Pagistro	tion Non	ber, if PA			
Heidi Day			Kegistia	iuon ivun	ibei, ii r	ic.		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Chec	le ota )	
8467 Kingsley Dr	EmployenOccu	pation/Labor Organization				B	k, etc.)	
City	State	Zip Code	М	I D	1 37	Check		
Reynoldsburg	OH	43068		D	Y	Amount	6.00	
Full Name of Contributor		1 43000	1 0	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	0 9 ber, if PA		0.00	
Patricia Fletcher			Registra	tuon ivan	ioei, n r A			
Street Address	Enmloyer/Occu	pation/Labor Organization*				Form (Cash, Chec	1. oto )	
12176 Woodrow Lane	Ishipioyen ceeu	pation/Labor Organization				1	к, екс.)	
City	State	Zip Code	М	D	Y	Check Amount	www.	
Pickerington	OH	43147	i i		1 .	Amount	6.00	
Full Name of Contributor	10 11	4314/	1 0		0 9		6.00	
Kathy Hinton			Registra	tuon num	ber, if PA	ıC		
Street Address	Employer/Ocou	pation/Labor Organization*				East (Carl. Cl	1	
8370 Bruce Ct	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)		
City	State		1 37	T 5		Check		
Canal Winchester	1	Zip Code	M	D	Y	Amount	( 00	
Full Name of Contributor	I O   H	43110	1 0	SANGER PROPERTY OF THE PARTY OF	0 9		6.00	
Aimee Holloway			Registra	ition Num	ber, if PA	.C		
Street Address	Emanda you/Ocay	pation/Labor Organization*		ging politic accessors and access his beside		F (0.1 01		
448 Crestmoore Dr	Employer/Occu	pation/Labor Organization*				Form (Cash, Chec	k, etc.)	
City	State	Zip Code	7	1 5	1 37	Check		
Groveport	OH	43125	M	D	Y	Amount	20.00	
Full Name of Contributor		43123	1 0	CONTRACTOR CONTRACTOR	0 9		30.00	
Janis Imwalle			Registra	ition Num	iber, if PA			
Street Address	Employer/Occur	pation/Labor Organization*				E. (0.1.0)	***************************************	
	Employer/Occup	pation/Labor Organization*				Form (Cash, Chec	k, etc.)	
690 Waybaugh Dr <sup>City</sup>	State	Zin Codo	1 37	1 5	1 37	Check		
Gahanna	State O   H	Zip Code	M	D	Y	Amount	<i>(</i> 00	
Full Name of Contributor	IO   H	43230	10	n terretoria de la composición de la c	0 9		6.00	
Full Name of Contributor  Registration Number, if PAC  H Scott McKenzie								
Street Address	Employed/Occur	pation/Labor Organization*				F (0 1 0)	***************************************	
	Employer/Occup	pation/Labor Organization*				Form (Cash, Checi	k, etc.)	
1814 Millwood Dr	G	Ig' o 1		T =		Check		
·	State O H	Zip Code	M	D	Y	Amount	20.00	
Upper Arlington Full Name of Contributor		43221	110	12 2	0 9		30.00	
Susan Moore			Registra	tion Num	ber, if PA	.C		
Street Address	F1/O	pation/Labor Organization*					gyroszeni mananan men	
	Employer/Occup	pation/Labor Organization*				Form (Cash, Chec	د, etc.)	
5075 Cherry Blossom Dr	- Guit	7'- 0-1-	<del></del>	1		Check		
· ·	State O H	Zip Code	M	D	Y	Amount		
Groveport	I O   H	43125	1 0	and the second second	AND DESCRIPTION OF THE PARTY OF		6.00	
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
		•				, , ,	. ,	
City	State	Zip Code	M	D	Y	Amount	<del></del>	
	THE SAME OF SA							

Page Total \$ 90.00

<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)]