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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	***************************************		Yearn production to the second control of	*********************	en spanies en la completa de la comp		
Name of Committee in Full	Eon Pottor C-1 1						
Groveport Madison Committee	ror better Schools		Davistor	tion Numb	er if DA	C	
Full Name of Contributor  M. Elizaboth Stoyyoncon			Registrat	non numt	∞ı, II PA¹	C	
M Elizabeth Stevenson	Employer/Occurs	ation/Labor Organization*			1	Form (Cash, Che	eck, etc.)
Street Address	Employer/Occup	Employer/Occupation/Lador Organization*				Check	, o <i>j</i>
118 Gayle Drive	State	Zip Code	М	D	Y	Amount	
City Pickerington	O H	43147	$\begin{bmatrix} M \\ 0 \end{bmatrix} $ 5	1 . [	0 9	. mount	30.00
Pickerington Full Name of Contributor		1		tion Numb	CONTRACTOR OF THE PARTY OF THE	C	
Jack Wills					• •		
Street Address	Employer/Occupa	ation/Labor Organization*	<u> </u>			Form (Cash, Che	eck, etc.)
469 Beaverbrook Dr.	, =, = = = = = = = = = = = = = = = = =					Check	•
City	State	Zip Code	М	D	Y	Amount	
Gahanna	OH	43230	0 5	1	0 9		30.00
Full Name of Contributor			and the second s	tion Numl	Construction Const	C	
Kathleeen Murdock							
Street Address	Employer/Occup	ation/Labor Organization*	<del>9</del>			Form (Cash, Ch	eck, etc.)
2301 Nayland Rd.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43220	0 5	0   4	0 9	<u></u>	85.00
Full Name of Contributor				ition Numl	CONTRACTOR OF THE PARTY OF THE	.C	
Rita Furniss			A ALMANDAN				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)
2972 Arrowsmith Dr.						Check	
City	State	Zip Code	М	D	Y	Amount	
Reynoldsburg	ОН	43068	0 5	$0 \mid 4$	0 9		25.00
Full Name of Contributor			The state of the s	ation Num	and the second second second second	،C	
Linda Miller						HIDDOL MALE	property transpoor of the control of
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ch	neck, etc.)
839 Euclaire Ave						Check	
City	State	Zip Code	M	D	Y	Amount	
Bexley	OH	43209	0 5				25.00
Full Name of Contributor			Registra	ation Num	ber, if PA	\C	
Gail Wright							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Cl	neck, etc.)
2585 Darling Rd.					<b></b>	Check	
City	State	Zip Code	М	D	Y	Amount	
Blacklick	OH	43004		$0 \mid 4$			100.00
Full Name of Contributor		A STATE OF COLUMN STATE OF COL		ation Num			
James Sullivan				<b>V</b>	Inc.		**************************************
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Cl	heck, etc.)
171 Meadow Ridge Ct						Check	
City	State	Zip Code	М	D	Y	Amount	405.5
Powell	O H	43065	0 5	A DESCRIPTION OF THE PERSON OF	and the second second	The second secon	100.00
Full Name of Contributor			Registra	ation Nun	iber, if PA	AC	
Michael Beck					Linear Communication		Commence of the Commence of th
Street Address	Employer/Occuj	Employer/Occupation/Labor Organization*				Form (Cash, Cl	heck, etc.)
608 Rambling Brook Dr.					<del></del>	Check	
City	State	Zip Code	М	D	Y	Amount	<b>~=</b> ^-
Pickerington	OH	43147	0 5	0 4	0 9		25.00
1 10 4 1 0 1111 1 0100	adds and consent constitution	didagan If any allerian is 11	Camanta. 1 4				

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)]