Statement of Contributions Received

Prescribed by Secretary of State 3/05

N						<u> </u>	
Name of Committee in Full		•					
Groveport Madison Committee For B	setter School	iS	In !	·	10154	0	
		Registration Number, if PAC					
M Elizabeth Stevenson Street Address	Employer/Occupation/Labor Organization*					Carray (Carray Cha	
						Form (Cash, Che	eck, etc.)
118 Gayle Drive	G) i	7: 0.1			,,	Check	
City	State	Zip Code	М 0 т	D	Y	Amount	20.00
Pickerington	ОН	43147	_	1 0	1 2		30.00
Full Name of Contributor			Registrat	ion Numb	er, if PA	С	
Christine Boucher	F) 10						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
4821 Elmont Drive						Check	
City	State	Zip Code	M	D	Y	Amount	
Groveport	ОН	43125	0 7	1 0	1 2		20.00
Full Name of Contributor			Registrat	ion Numb	er, if PA	С	
Petermann							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)
8041 Hosbrook Rd.						Check	
City	State	Zip Code	M	D	Y	Amount	
Cincinnati	ОН	45236	0 7	2 0	1 2		5,000.00
Full Name of Contributor			Registrat	ion Numl	oer, if PA	С	
Groveport Madison Local Education	Association						
Street Address		pation/Labor Organization*				Form (Cash, Che	eck, etc.)
139 Cleveland Ave						Check	
City	State	Zip Code	M	D	Y	Amount	
Lancaster	ОН	43130	0 7	2 0	1 2		300.00
Full Name of Contributor			Registrat			С	
Kristine Ensign			ŀ				
Street Address	Employer/Occup	pation/Labor Organization*	<u> </u>	······································		Form (Cash, Che	eck, etc.)
3409 Brook Spring Dr.						Check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	ОН	43123	0.7	2 0	1 2		50.00
Full Name of Contributor	<u>~</u>	10120	Registrat			.C	00.00
Anonymous							
Street Address	Employer/Occur	pation/Labor Organization*		-		Form (Cash, Che	eck etc.)
 	Binpioy an occup	pation back organization				Cash	,,
City	State	Zip Code	М	D	Y	Amount	
len,	State	Zip Code	141	"	•	7 di Kollik	90.00
Full Name of Contributor			Douleton	ian Muni	La lena		90.00
ran vanie of Continuator			Registration Number, if PAC				
Charles Address	F10					r (c.a.c)	.1
Street Address	ЕпфюуепОсещ	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
Cir.	Ermen	75- 6-4	3.4	ь.	1.7		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			In		1004	<u></u>	
Fut Name of Contributor			Registrat	ion Numi	ber, if PA	iC	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
	·	·				1	. ,
City	State	Zip Code	М	D	Y	Amount	
		•					

[•] 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)]