

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groveport Madison Committee For Better Schools				
Full Name of Contributor Patricia Fletcher		Employer/Occupation/Labor Organization*		Registration Number, if PAC
Street Address 12176 Woodrow Lane				Form (Cash, Check, etc.) Check
City Pickerington	State O	Zip Code H 43147	M D Y 0 6 1 5 1 2	Amount 3.00
Full Name of Contributor Kathy Hinton		Employer/Occupation/Labor Organization*		Registration Number, if PAC
Street Address 8370 Bruce Ct				Form (Cash, Check, etc.) Check
City Canal Winchester	State O	Zip Code H 43110	M D Y 0 6 1 5 1 2	Amount 3.00
Full Name of Contributor Aimee Holloway		Employer/Occupation/Labor Organization*		Registration Number, if PAC
Street Address 448 Crestmoore Dr				Form (Cash, Check, etc.) Check
City Groveport	State O	Zip Code H 43125	M D Y 0 6 1 5 1 2	Amount 15.00
Full Name of Contributor H Scott McKenzie		Employer/Occupation/Labor Organization*		Registration Number, if PAC
Street Address 1814 Millwood Dr				Form (Cash, Check, etc.) Check
City Upper Arlington	State O	Zip Code H 43221	M D Y 0 6 1 5 1 2	Amount 15.00
Full Name of Contributor Susan Moore		Employer/Occupation/Labor Organization*		Registration Number, if PAC
Street Address 5075 Cherry Blossom Dr				Form (Cash, Check, etc.) Check
City Groveport	State O	Zip Code H 43125	M D Y 0 6 1 5 1 2	Amount 3.00
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC
Street Address				Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
Full Name of Contributor Heidi Day		Employer/Occupation/Labor Organization*		Registration Number, if PAC
Street Address 8467 Kingsley Drive				Form (Cash, Check, etc.) Check
City Reynoldsburg	State O	Zip Code H 43068	M D Y 0 6 1 5 1 2	Amount 3.00
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC
Street Address				Form (Cash, Check, etc.)
City	State	Zip Code	M 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)]