

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					Registration Number, if PAC 34				
Street Address 12176 Woodrow Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pickerington		State O H	Zip Code 43147		M 1 2	D 2 9	Y 1 0	Amount 3.00	
Full Name of Contributor Kathy Hinton					Registration Number, if PAC				
Street Address 8370 Bruce Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Canal Winchester		State O H	Zip Code 43110		M 1 2	D 2 9	Y 1 0	Amount 3.00	
Full Name of Contributor Aimee Holloway					Registration Number, if PAC				
Street Address 448 Crestmoore Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport		State O H	Zip Code 43125		M 1 2	D 2 9	Y 1 0	Amount 3.00	
Full Name of Contributor Aimee Holloway					Registration Number, if PAC				
Street Address 448 Crestmoore Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport		State O H	Zip Code 43125		M 1 2	D 2 9	Y 1 0	Amount 15.00	
Full Name of Contributor H Scott McKenzie					Registration Number, if PAC				
Street Address 1814 Millwood Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington		State O H	Zip Code 43221		M 1 2	D 2 9	Y 1 0	Amount 15.00	
Full Name of Contributor					Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor Susan Moore					Registration Number, if PAC				
Street Address 5075 Cherry Blossom Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport		State O H	Zip Code 43125		M 1 2	D 2 9	Y 1 0	Amount 3.00	
Full Name of Contributor Mary Tedrow					Registration Number, if PAC				
Street Address 6269 Lithopolis Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport		State O H	Zip Code 43125		M 1 2	D 2 9	Y 1 0	Amount 2,000.00	

* 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)]