

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		Form (Cash, Check, etc.)	
Street Address 12176 Woodrow Lane			Employer/Occupation/Labor Organization*		Check	
City Pickerington	State O	Zip Code H 43147	M 0	D 7	Y 1 5 1 1	Amount 3.00
Full Name of Contributor Kathy Hinton			Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 8370 Bruce Ct			Employer/Occupation/Labor Organization*		Check	
City Canal Winchester	State O	Zip Code H 43110	M 0	D 7	Y 1 5 1 1	Amount 3.00
Full Name of Contributor Aimee Holloway			Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 448 Crestmoore Dr			Employer/Occupation/Labor Organization*		Check	
City Groveport	State O	Zip Code H 43125	M 0	D 7	Y 1 5 1 1	Amount 15.00
Full Name of Contributor H Scott McKenzie			Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 1814 Millwood Dr			Employer/Occupation/Labor Organization*		Check	
City Upper Arlington	State O	Zip Code H 43221	M 0	D 7	Y 1 5 1 1	Amount 15.00
Full Name of Contributor Susan Moore			Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 5075 Cherry Blossom Dr			Employer/Occupation/Labor Organization*		Check	
City Groveport	State O	Zip Code H 43125	M 0	D 7	Y 1 5 1 1	Amount 3.00
Full Name of Contributor			Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address			Employer/Occupation/Labor Organization*		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)]