

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 Heidi Day					Registration Number, if PAC		
Street Address 8467 Kingsley Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 1	D 2 9	Y 1 3	Amount 18.00	
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 0 1	D 2 9	Y 1 3	Amount 18.00	
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 0 1	D 2 9	Y 1 3	Amount 90.00	
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 0	D 2 4	Y 1 2	Amount 18.00	
Full Name of Contributor Cathy Fields					Registration Number, if PAC		
Street Address 6363 Chelsea Glen Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 3	D 0 8	Y 1 3	Amount 25.00	
Full Name of Contributor Teresa Malloy					Registration Number, if PAC		
Street Address 139 Cleveland Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lancaster	State O H	Zip Code 43130	M 0 3	D 0 8	Y 1 3	Amount 100.00	
Full Name of Contributor Lisa Ferguson					Registration Number, if PAC		
Street Address 13845 Carlstead Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0 3	D 0 8	Y 1 3	Amount 25.00	
Full Name of Contributor Amy Hazenfield					Registration Number, if PAC		
Street Address 1591 Charles Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0 3	D 0 8	Y 1 3	Amount 10.00	

* 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)]