

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 Virinia Bahr				Registration Number, if PAC			
Street Address 8258 Priestley Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 1	D 1	Y 0	Amount 25.00	
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	D 1	Y 0	Amount 200.00	
Full Name of Contributor Jack Wills				Registration Number, if PAC			
Street Address 469 Beaverbrook Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1	D 1	Y 0	Amount 25.00	
Full Name of Contributor Mark Ball				Registration Number, if PAC			
Street Address 5505 Pleasant Valley Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lancaster	State O H	Zip Code 43130	M 1	D 1	Y 0	Amount 20.00	
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 1	D 1	Y 0	Amount 6.00	
Full Name of Contributor Patricia Fletcher				Registration Number, if PAC			
Street Address 12176 Woodrow Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 1	D 1	Y 0	Amount 6.00	
Full Name of Contributor Heather Garn				Registration Number, if PAC			
Street Address 85 Catapla CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 1	D 1	Y 0	Amount 25.00	
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	D 1	Y 0	Amount 6.00	

* 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)]

Page Total \$ 313.00