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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Nt									
Name of Committee in Full Groveport Madison Committee For Bet	tor Soboo	പ്പ							
Full Name of Contributor	ter schoo	015		In .		1 100			
Heidi Day				Registra	ition Nun	iber, if PA	.C		
Street Address	E 1 70		71000				E (0.1.6)		
	Emiployer/Occ	cupatio	on/Labor Organization*				Form (Cash, Check, et	tc.)	
8467 Kingsley Dr							Check		
City	State		ip Code	M,	D	Y	Amount		
Reynoldsburg	$O \mid F$	1	43068	1 0	2 0	1 0		3.00	
Full Name of Contributor				Registra	ition Nun	iber, if PA	vC		
Patricia Fletcher									
Street Address	Employer/Occ	cupatio	on/Labor Organization*				Form (Cash, Check, etc.)		
12176 Woodrow Lane							Check		
City	State	Z	ip Code	М	D	Y	Amount		
Pickerington	$0 \mid F$		43147	10	210	$1 \mid 0 \mid$		3.00	
Full Name of Contributor			10111			iber, if PA		0.00	
Kathy Hinton						,			
Street Address	Employer/Occ	unatio	on/Labor Organization*	1		•	Form (Cash, Check, e	tc.)	
8370 Bruce Ct		· upuu	on Ewoor O'Bameraon				Check		
City	State	12	ip Code	Тм	1 15	Y	Amount		
	l _ , .				D	1 .	Amount	2.00	
Canal Winchester	$O \mid \Gamma$	1	43110	1 0	•			3.00	
Full Name of Contributor				Registra	ttion Nuπ	iber, if PA	iC		
Aimee Holloway									
Street Address	Employer/Occ	cupatio	on/Labor Organization*				Form (Cash, Check, etc.)		
448 Crestmoore Dr							Check		
City	State	Z	lip Code	М	D	Y	Amount		
Groveport	0   E	1	43125	10	2 0	1 0	1	15.00	
Full Name of Contributor				Registra	ition Nun	iber, if PA	C		
				1					
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, et	tc.)	
City	State	Z	ip Code	М	D	Y	Amount		
				1 1		]			
Full Name of Contributor	1			Registra	ition Nun	iber, if PA	C		
H Scott McKenzie									
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
1814 Millwood Dr	Employen Occupanion Labor Organization				Check				
City	State	17	in Code	1 77	I n	1 1/		· · · · · · ·	
	O   E		ip Code	M	D	Y	Amount	15.00	
Upper Arlington	U   1.	1	43221	0 1 1	1210	1 0		15.00	
Full Name of Contributor				Registra	ition Nun	iber, if P/	C.		
Susan Moore									
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
5075 Cherry Blossom Dr							Check		
City	State		ip Code	М	D	Y	Amount		
Groveport	O   F	1	43125	1 0	2 0	110		3.00	
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/Occupation/Labor Organization* Form (Cash,			Form (Cash, Check, e	tc.)				
City	State	Z	ip Code	М	D	Y	Amount		

Page Total \$	42.00

<sup>\*</sup> 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)]