

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>					
Full Name of Contributor <b>Patricia Fletcher</b>			Registration Number, if PAC		
Street Address <b>12176 Woodrow Lane</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>O</b>	Zip Code <b>H 43147</b>	M <b>0</b>	D <b>4</b>	Y <b>1 5 1 1</b>
			Amount <b>3.00</b>		
Full Name of Contributor <b>Kathy Hinton</b>			Registration Number, if PAC		
Street Address <b>8370 Bruce Ct</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>	State <b>O</b>	Zip Code <b>H 43110</b>	M <b>0</b>	D <b>4</b>	Y <b>1 5 1 1</b>
			Amount <b>3.00</b>		
Full Name of Contributor <b>Aimee Holloway</b>			Registration Number, if PAC		
Street Address <b>448 Crestmoore Dr</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O</b>	Zip Code <b>H 43125</b>	M <b>0</b>	D <b>4</b>	Y <b>1 5 1 1</b>
			Amount <b>15.00</b>		
Full Name of Contributor <b>H Scott McKenzie</b>			Registration Number, if PAC		
Street Address <b>1814 Millwood Dr</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Upper Arlington</b>	State <b>O</b>	Zip Code <b>H 43221</b>	M <b>0</b>	D <b>4</b>	Y <b>1 5 1 1</b>
			Amount <b>15.00</b>		
Full Name of Contributor <b>Susan Moore</b>			Registration Number, if PAC		
Street Address <b>5075 Cherry Blossom Dr</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O</b>	Zip Code <b>H 43125</b>	M <b>0</b>	D <b>4</b>	Y <b>1 5 1 1</b>
			Amount <b>3.00</b>		
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			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			Registration Number, if PAC		
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)]