Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	D. C. C. L.	
Groveport Madison Committee For	Better Schools	Designation Number 18DAC
Full Name of Contributor		Registration Number, if PAC
Patricia Fletcher	Frankous / Occupation / Takes Occupienties *	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*	Check
12176 Woodrow Lane	Control Tim Code	
City	State Zip Code ;	
Pickerington	O H 43147	0 4 1 5 1 1 3.00 Registration Number, if PAC
Full Name of Contributor	!	Registration Number, it PAC
Kathy Hinton	Tout a 10 a matient to be of constitution.	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*	Check
8370 Bruce Ct	State Zip Code	M D Y Amount
City	i	
Canal Winchester	O H 43110	
Full Name of Contributor		Registration Number, if PAC
Aimee Holloway	Empleyed/Ossumation/Labor Organization*	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*	Check
448 Crestmoore Dr	State Zip Code	M D Y Amount
City	State Zip Code O H 43125	
Groveport Full Name of Contributor	0 11 45125	0 4 1 5 1 1 15.00 Registration Number, if PAC
		registration realises, if the
H Scott McKenzie Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
	Employer/Occupation Labor Organization	Check
1814 Millwood Dr	State Zip Code	M D Y Amount
City	O H 43221	0 4 1 5 1 1 15.00
Upper Arlington Full Name of Contributor	0 11 43221	Registration Number, if PAC
		Togodano Tanoo, III 770
Susan Moore Street Address	i Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
	Employer occupition East Organization	Check
5075 Cherry Blossom Dr	State Zip Code	M D Y Amount
	O H 43125	0 4 1 5 1 1 3.00
Groveport Full Name of Contributor	43125	Registration Number, if PAC
Pull Name of Controllor	į.	
Street Address	; Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
Sireet Address	Limptoyeti Occupation Lacot organization	,, , , , , , ,
City	State Zip Code	M D Y Amount
City	State Zip code	
Full Name of Contributor		Registration Number, if PAC
Tank of Conditional	<u> </u>	-,
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
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City	State Zip Code	M D Y Amount
oly		
Full Name of Contributor		Registration Number, if PAC
an mane of contributed		<u>'</u>
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
City	State Zip Code	M D Y Amount
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^{*} 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)]