

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 Patricia Fletcher						Registration Number, if PAC 21-			
Street Address 12176 Woodrow Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pickerington			State O H		Zip Code 43147		M D Y 1 2 2 9 1 0		Amount 3.00
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 D Y 1 2 2 9 1 0		Amount 3.00
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 D Y 1 2 2 9 1 0		Amount 3.00
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 D Y 1 2 2 9 1 0		Amount 15.00
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 D Y 1 2 2 9 1 0		Amount 15.00
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 Susan Moore						Registration Number, if PAC			
Street Address 5075 Cherry Blossom Dr			Employer/Occupation/Labor Organization* 21-				Form (Cash, Check, etc.) Check		
City Groveport			State O H		Zip Code 43125		M D Y 1 2 2 9 1 0		Amount 3.00
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)]

Page Total \$ **39.00**