Statement of Contributions Received

Prescribed by Secretary of State 3/05

		1.275% in	
Name of Committee in Full			
Groveport Madison Committee I	For Better Schools		
Full Name of Contributor		Registration Number, if PAC	
Patricia Fletcher		<u> </u>	
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check,	etc.)
12176 Woodrow Lane		Check	
City	State Zip Code	M D Y Amount	
Pickerington	O H 43147	0 4 2 9 1 1	3.00
Full Name of Contributor		Registration Number, if PAC	
Kathy Hinton	;		
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check,	, etc.)
8370 Bruce Ct	1	Check	
City	State Zip Code	M D Y Amount	
Canal Winchester	O H 43110	0 4 2 9 1 1	3.00
Full Name of Contributor	!	Registration Number, if PAC	
Aimee Holloway	•	1	
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check,	, etc.)
448 Crestmoore Dr		Check	
City	State Zip Code	M D Y Amount	
Groveport	O H 43125	0 4 2 9 1 1	15.00
Full Name of Contributor		Registration Number, if PAC	
H Scott McKenzie			
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check	, etc.)
1814 Millwood Dr		Check	
City	State Zip Code	M D Y Ansount	
Upper Arlington	O H 43221	0 4 2 9 1 1	15.00
Full Name of Contributor	0 10221	Registration Number, if PAC	
Susan Moore	į		
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check	, etc.)
5075 Cherry Blossom Dr		Check	•
City	State Zip Code	M D Y Amount	
	O H 43125	0 4 2 9 1 1	3.00
Groveport Full Name of Contributor	43123	Registration Number, if PAC	0.00
an rank of Componer			
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check	etc.)
Succi Addiess	Employed Occupation Capol Organization	7 STAT (SUBSE, GROCK	.,,
City	State Zip Code	M D Y Amount	
City	State Zip Code	D I MINUM	
Full Name of Contributor	i	Registration Number, if PAC	-
t an ivanic of Continuos	!		
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check	etc.)
Succi Address	Епфюуен Оссырацоп гароп Отданизации.	Total (Casil, Check	.,,
ioin.	State Tin Code)	M D Y Amount	
City	State Zip Code	M D I Millionic	
Full Name of Contributor		Registration Number, if PAC	
Full Name of Contributor		registration Number, II FAC	
C. AALL	Francisco // change of the Commission *	Form (Cash, Check	etc.)
Street Address	Employer/Occupation/Labor Organization*	rom (Cash, Check	c, cw.)
		, , , , , , , , , , , , , , , , , , ,	
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)]