Page	4	
1 age	<u> </u>	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Unit	<u>-</u> -						
Name of Committee in Full Groveport Madison Committee	For Pottor Cabool	0					
Full Name of Contributor	ror better school	5	In	ation Nun	den iens		
Heidi Day			Registr	ation Nun	iber, ii PA	(C	
Street Address	Envelous/Ocan	antion/Labor Organization*	<u> </u>			Form (Cash. Ch	ank ata \
	EmployenOccup	pation/Labor Organization*				ł	eck, eic.)
8467 Kingsley Dr		To: 0.1		T	1	Check	
City	State	Zip Code	M	D	Y	Amount	2.00
Reynoldsburg	O H	43068	1 0		1 0		3.00
Full Name of Contributor			Registr	ation Nun	iber, if PA	AC .	
Patricia Fletcher							
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	1 0	2 0	1 0	<u> </u>	3.00
Full Name of Contributor			Registr	ation Nun	iber, if PA	VC.	
Kathy Hinton							
Street Address	Employer/Occu	oation/Labor Organization*				Form (Cash, Check, etc.)	
8370 Bruce Ct						Check	
City	State	Zip Code	М	D	Y	Amount	
Canal Winchester	OH	43110	1110	2 0	1 0	ł	3.00
Full Name of Contributor	· · ·	- '		ation Nun		\C	
Aimee Holloway							
Street Address	Employer/Occur	nation/Labor Organization*	<u> </u>			Form (Cash, Ch	eck, etc.)
448 Crestmoore Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Groveport	ОТН	43125	110		1		15.00
Full Name of Contributor		10120		ation Nun		\C	10.00
			100,51511				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
	Biliptoyell Geeu	ALLOW EUROPE OF GAMMANON					,,
City	State	Zip Code	М	D	Y	Amount	
icky	State	Zip Code			'	Amount	
Full Name of Contributor			Danist	ation Nun	aban if Da	<u> </u>	
			Registr	ation Nuit	iber, ii PA	AC.	
H Scott McKenzie Street Address	In 1					In (0.1.0)	
1	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1814 Millwood Dr		T=: 6 1		1 -	1	Check	
City	State	Zip Code	M	D	Y	Amount	45.00
Upper Arlington	O H	43221	110	2 0	<u> </u>		15.00
Full Name of Contributor	·		Registr	ation Nun	iber, if PA	/C	
Susan Moore							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Ch	ieck, etc.)
5075 Cherry Blossom Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Groveport	OH	43125	110	20	1 0		3.00
Full Name of Contributor			Registr	ation Nun	iber, if PA	\C	
Street Address	fe toe	л				U (C) C1	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	ieck, etc.)
City	State	Zip Code	М	D	Υ	Amount	
l [*]		1					
B	1			1 !			

Page Total \$	42.00

^{*} 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)]