Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	<u> </u>		
	" Pottor Caboola		
Groveport Madison Committee For	r better Schools	Registration Number, if PA	r
(registration Number, if PA	
Patricia Fletcher Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
	Enthoyer/Occupation/Labor Organization		Check
12176 Woodrow Lane	State Zip Code	M D Y	Amount
City Di-leaving story	O H 43147		3.00
Pickerington Full Name of Contributor		0 6 3 0 1 1 Registration Number, if PA	
		Registration Number, in FA	C
Kathy Hinton	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization		, , ,
8370 Bruce Ct	State 75 C-4	M D Y	Check
City	State Zip Code O H 43110		3.00
Canal Winchester	O H 43110	0 6 3 0 1 1 Registration Number, if PA	
Full Name of Contributor		Registration Number, it FA	C
Aimee Holloway	E-laura/Occupation (Labor Occupation)		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*		
448 Crestmoore Dr	7. 0.1	M D Y	Check
City	State Zip Code O H 43125		15.00
Groveport Full Name of Contributor	O H 43125	0 6 3 0 1 1 Registration Number, if PA	
		Registration Number, it PA	
H Scott McKenzie			Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*		· ·
1814 Millwood Dr		B. V	Check
City	State Zip Code	M D Y	Amount 15 00
Upper Arlington	O H 43221	0 6 3 0 1 1	15.00
Full Name of Contributor		Registration Number, if PA	C
Susan Moore			- (2) (1) · · ·
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
5075 Cherry Blossom Dr	!		Check
City	State Zip Code	M D Y	Amount
Groveport	O H 43125	063011	3.00
Full Name of Contributor		Registration Number, if PA	AC .
			In (0) (1)
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
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City	State Zip Code	M D Y	Amount
Full Name of Contributor		Registration Number, if PA	VC.
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State Zip Code	M D Y	Amount
			<u></u>
Full Name of Contributor Registration Number, if PAC			
1			
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)]