Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | <u> </u> |
|------------------------------------|--------------------------|------------------------|-----------------------------------|--------------------------|
| | | | | |
| Groveport Madison Committee For Be | etter Schools | | | |
| Patricia Fletcher | | | Registration Number, if | PAC |
| Street Address | themlesses/Occupation/La | Oization* | | - (0 t ch-h) |
| 12176 Woodrow Lane | Employer/Occupation/Lal | or Organization* | | Form (Cash, Check, etc.) |
| | 200 | | | Check |
| City | State Zip Co | 1 | M D Y | Amount |
| Pickerington | O H 43 | 147 | 0 6 1 5 1 | 1 3.00 |
| Full Name of Contributor | | | Registration Number, if | PAC |
| Kathy Hinton | | | | |
| Street Address | Employer/Occupation/Lal | oor Organization* | | Form (Cash, Check, etc.) |
| 8370 Bruce Ct | | | | Check |
| City | State Zip Co | de | M D Y | Amount |
| Canal Winchester | O H 43 | 110 | 0 6 1 5 1 | 1 3.00 |
| Full Name of Contributor | | | Registration Number, if | |
| Aimee Holloway | | |] | |
| Street Address | Employer/Occupation/Lal | t oor Organization* | <u> </u> | Form (Cash, Check, etc.) |
| 448 Crestmoore Dr | • • • | | | Check |
| City | State Zip Co | de | M D Y | Amount |
| Groveport | · | 125 | | 1 15.00 |
| Full Name of Contributor | | 120 | 0 6 1 5 1 Registration Number, if | |
| H Scott McKenzie | | | Registration Number, 1 | PAC |
| Street Address | F1 | j | | 15 (0.1.0hul11) |
| | Employer/Occupation/Lal | or Organization* | | Form (Cash, Check, etc.) |
| 1814 Millwood Dr | | | | Check |
| City | State Zip Co | 1 | M D Y | Amount |
| Upper Arlington | O H 43 | 221 | | 1 15.00 |
| Full Name of Contributor | | 1 | Registration Number, if | PAC |
| Susan Moore | | | | |
| Street Address | Employer/Occupation/Lal | or Organization* | | Form (Cash, Check, etc.) |
| 5075 Cherry Blossom Dr | | | | Check |
| City | State Zip Co | de | M D Y | Amount |
| Groveport | O H 43 | 125 | 0 6 1 5 1 | 1 3.00 |
| Full Name of Contributor | | | Registration Number, if | |
| | | | | |
| Street Address | Employer/Occupation/Lal | oor Organization* | <u> </u> | Form (Cash, Check, etc.) |
| [| man brother a new n | | | Company Comments |
| City | State Zip Co | da | M D Y | Amount |
| City | State Zip Co | de | IVI D I | Amount |
| Full Name of Contributor | | <u> </u> | In the Continue of | D. C |
| Full Name of Controllor | | | Registration Number, if | PAC |
| <u></u> | | 1 | | |
| Street Address | Employer/Occupation/Lal | oor Organization* | | Form (Cash, Check, etc.) |
| | | | | |
| City | State Zip Co | de | M D Y | Amount |
| | | <u> </u> | | |
| Full Name of Contributor | | 1 | Registration Number, if | PAC |
| | | | | |
| Street Address | Employer/Occupation/Lal | oor Organization* | | Form (Cash, Check, etc.) |
| Į. | • • | | | |
| City | State Zip Co | sde | M D Y | Amount |
| | | | | 7 thrown |
| | | 1 | | |

^{*} 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)]