Page 2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
	or Bottor Scho	ole					
Groveport Madison Committee For Better Schools Full Name of Contributor				Registration Number, if PAC			
Heidi Day			IXC g15t	auon ivun	ioer, ir i z	AC .	
Street Address	Employer/Oc	cupation/Labor Organization*	*			Form (Cash, Check, etc.)	
8467 Kingsley Dr	Employence	cupation Labor Organization				Check	
City	State	Zip Code	М	l D	Y	Amount	
Reynoldsburg	O	1 -	$\begin{bmatrix} 1 \\ 1 \end{bmatrix}$	1 .	1	6.00	
Full Name of Contributor	J O -	- 40000	Complete Company of the Company of t	ation Nun	aliana manada manada manada		
Patricia Fletcher			ACG130	unon i van	1001, 11 1 1		
Street Address	Employer/Occ	cupation/Labor Organization*	*	niinimeminem oo oo oo		Form (Cash, Check, etc.)	
12176 Woodrow Lane	Employer Goodpation Edge Congained				Check		
City	State	Zip Code	М	I D	Y	Amount	
Pickerington	OIL	1 -	1111	1 .	0 9	6.00	
Full Name of Contributor		- 1 30147			alexamento a marco	Lancas and the contract of the	
Full Name of Contributor Registration Number, if PAC Kathy Hinton							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
8370 Bruce Ct	Employer/Occupation/Labor Organization					Check	
City	State	Zip Code	М	D	Y	Amount	
Canal Winchester	101		111	1 .	0 9	6.00	
Full Name of Contributor		- TOLIO	***************************************	ation Nun	National Confession of the Con		
Aimee Holloway			18				
Street Address	Employer/Oc	cupation/Labor Organization*	i L			Form (Cash, Check, etc.)	
448 Crestmoore Dr	Zanprojen occupanom zacon organización					Check	
City	State	Zip Code	M	D	Y	Amount	
Groveport	OLL	1 "	1111		0 9	30.00	
Full Name of Contributor				ation Nun			
Janis Imwalle					,		
Street Address	Employer/Oc	cupation/Labor Organization*	*			Form (Cash, Check, etc.)	
690 Waybaugh Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	101	43230	111	19	0 9	6.00	
Full Name of Contributor			THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSP	ration Nun			
H Scott McKenzie							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1814 Millwood Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Upper Arlington	1 0	1 43221	111	1 9	0 9	30.00	
Full Name of Contributor				ation Nun			
Susan Moore							
Street Address	Employer/Oc	cupation/Labor Organization*	*			Form (Cash, Check, etc.)	
5075 Cherry Blossom Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Groveport	1 0	d 43125	1 1	1 9	0 9	6.00	
Full Name of Contributor			Regist	ration Nun	ALL CONTRACTOR OF THE PARTY OF	vС	
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	1						
			THE RESERVE OF THE PARTY OF THE			and the control of th	

Page Total \$ 90.00

^{*} 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)]