

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groveport Madison Committee For Better Schools							
Full Name of Contributor Patricia Fletcher				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 12176 Woodrow Lane				Employer/Occupation/Labor Organization*		Check	
City Pickerington	State O	Zip Code H 43147	M 0	D 8	Y 0	Amount 3.00	
Full Name of Contributor Kathy Hinton				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 8370 Bruce Ct				Employer/Occupation/Labor Organization*		Check	
City Canal Winchester	State O	Zip Code H 43110	M 0	D 8	Y 0	Amount 3.00	
Full Name of Contributor Aimee Holloway				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 448 Crestmoore Dr				Employer/Occupation/Labor Organization*		Check	
City Groveport	State O	Zip Code H 43125	M 0	D 8	Y 0	Amount 15.00	
Full Name of Contributor H Scott McKenzie				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 1814 Millwood Dr				Employer/Occupation/Labor Organization*		Check	
City Upper Arlington	State O	Zip Code H 43221	M 0	D 8	Y 0	Amount 15.00	
Full Name of Contributor Susan Moore				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 5075 Cherry Blossom Dr				Employer/Occupation/Labor Organization*		Check	
City Groveport	State O	Zip Code H 43125	M 0	D 8	Y 0	Amount 3.00	
Full Name of Contributor Franklin Heating & Refrigeration Inc.				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address PO Box 32362				Employer/Occupation/Labor Organization*		Check	
City Columbus	State O	Zip Code H 43232	M 0	D 8	Y 0	Amount 250.00	
Full Name of Contributor Heidi Day				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 8467 Kingsley Drive				Employer/Occupation/Labor Organization*		Check	
City Reynoldsburg	State O	Zip Code H 43068	M 0	D 8	Y 0	Amount 3.00	
Full Name of Contributor				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address				Employer/Occupation/Labor Organization*		Check	
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)]