

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 Heidi Day						Registration Number, if PAC						
Street Address 8467 Kingsley Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Reynoldsburg		State O H		Zip Code 43068		M 0 3		D 0 5		Y 0 9		Amount 6.00
Full Name of Contributor Patricia Fletcher						Registration Number, if PAC						
Street Address 12176 Woodrow Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Pickerington		State O H		Zip Code 43147		M 0 3		D 0 5		Y 0 9		Amount 6.00
Full Name of Contributor Kathy Hinton						Registration Number, if PAC						
Street Address 8370 Bruce Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Canal Winchester		State O H		Zip Code 43110		M 0 3		D 0 5		Y 0 9		Amount 6.00
Full Name of Contributor Aimee Holloway						Registration Number, if PAC						
Street Address 448 Crestmoore Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Groveport		State O H		Zip Code 43125		M 0 3		D 0 5		Y 0 9		Amount 30.00
Full Name of Contributor Janis Imwalle						Registration Number, if PAC						
Street Address 690 Waybaugh Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 5		Y 0 9		Amount 6.00
Full Name of Contributor H Scott McKenzie						Registration Number, if PAC						
Street Address 1814 Millwood Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Upper Arlington		State O H		Zip Code 43221		M 0 3		D 0 5		Y 0 9		Amount 30.00
Full Name of Contributor Susan Moore						Registration Number, if PAC						
Street Address 5075 Cherry Blossom Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Groveport		State O H		Zip Code 43125		M 0 3		D 0 5		Y 0 9		Amount 6.00
Full Name of Contributor						Registration Number, if PAC						
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)]

Page Total \$ 90.00