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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				\$25A03550\$\$\$\$	MANGRAMOO KANGA		
Name of Committee in Full	D	_				-	
Groveport Madison Committee For Better Schools							
Full Name of Contributor				Registration Number, if PAC			
Heidi Day							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
8467 Kingsley Dr						Check	
City	State	Zip Code	M	D	. 1	Amount	
Reynoldsburg	O H	43068	0 9	0 2	0 9	9.00	
Full Name of Contributor			Registra	tion Numb	oer, if PA	С	
Patricia Fletcher				DARKA MANAGEMBA NI WAXAAA	www.www.wigotonko		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
12176 Woodrow Lane						Check	
City	State	Zip Code	М	D	Y	Amount	
Pickerington	OH	43147	0 9	0 2	0 9	9.00	
Full Name of Contributor			Registra	tion Numl	ber, if PA	С	
Kathy Hinton							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
8370 Bruce Ct					Check		
City	State	Zip Code	M	D	Y	Amount	
Canal Winchester	O H	43110	0 9	0 2	0 9	9.00	
Full Name of Contributor				tion Numl		C	
Aimee Holloway			a Company				
Street Address	Employer/Occup	pation/Labor Organization*	S			Form (Cash, Check, etc.)	
448 Crestmoore Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Groveport	OH	43125	0 9	0 2	0 9	45.00	
Full Name of Contributor			and the second s	tion Num	Communication buildings	Paramonatoria de la composição de la compo	
Janis Imwalle							
Street Address	Employer/Occur	oation/Labor Organization*		·····		Form (Cash, Check, etc.)	
690 Waybaugh Dr		•				Check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	$O \mid H$	43230	0 9	0 2	0 9	9.00	
Full Name of Contributor		2020	SAMPLE TO ANNUAL PROPERTY OF THE	ition Num	Carrey Commence of the Commenc		
H Scott McKenzie							
Street Address	Employer/Occur	pation/Labor Organization*	<u>l</u>		*/////	Form (Cash, Check, etc.)	
1814 Millwood Dr				Check			
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	ОН	43221	1019	0 2	0 9	45.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .	
Susan Moore					,		
Street Address	Employer/Occur	pation/Labor Organization*			***************************************	Form (Cash, Check, etc.)	
5075 Cherry Blossom Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Groveport	OH	43125	0 9	1 .	l .	1	
Full Name of Contributor		10120			Antonioralization	Barrer and the second control of the second	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
	+						
City	State	Zip Code	M	D	Y	Amount	
		1					

Page Total \$ 135.00

^{*} 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)]