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Statement of Contributions Received

Prescribed by Secretary of State 3/05

						Telegraphic services	Name of State
Name of Committee in Full							
Groveport Madison Committee For I	Better School	S					
Full Name of Contributor			Registration Number, if PAC				
Aimee Holloway							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
448 Crestmoore Dr.				1.5		Check	
City	State	Zip Code	M	D	Y	Amount	
Groveport	OH	43125	1 1	0 3	0 8		30.00
Full Name of Contributor			Registra	ition Nun	nber, if P	AC .	
Kerry Hurd							
Street Address	Employer/Occup	ation/Labor Organization*		***************************************	************	Form (Cash, Che	ck, etc.)
1541 Virginia Ave.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43212	1 1	0 3	0 8	Niles II.	10.00
Full Name of Contributor	Annual of the second		THE PERSON NAMED IN COLUMN TWO	THE RESERVE AND PARTY AND PROPERTY.	iber, if PA	A SHOW THE PARTY OF THE PARTY O	
Janis Imwalle							
Street Address	Employer/Occup	ation/Labor Organization*	L	CONTROCUENT PROPERTY	***********	Form (Cash, Che	ck, etc.)
690 Waybaugh Dr.						Check	
City	State	Zip Code	M	l D	ΙΥ	Amount	
Gahanna	OH	43230	111	0 3	0 8	•	6.00
Full Name of Contributor			the state of the s		ber, if PA		0.00
H Scott McKenzie					,		
Street Address	Employer/Occup	ation/Labor Organization*			-	Form (Cash, Che	ck etc.)
1814 Millwood Dr		3.5			8 5 6	Check	or, cic.
City	State	Zip Code	М	I D	Y	Amount	
Upper Arlington	ОН	43221		0 3	1 .		30.00
Full Name of Contributor		1 30441	Mario Superior Company	The second second	ber, if PA	The state of the s	30.00
Kathleen Monhollen			Registra	mon mun	idei, ii P	ic.	
Street Address	Employer/Occur	ation/Labor Organization*		diversity and the second		F (0.1.0)	
	Employer/Occup	ation Labor Organization				Form (Cash, Che	ck, etc.)
214 Durand St.		Iz: 0.1		-	1	Check	
■ 1 ★ 1 ★ 1 ★ 1 ★ 1 ★ 1 ★ 1 ★ 1 ★ 1 ★ 1	State O H	Zip Code	M	D	Y	Amount	20.00
Pickerington	IO H	43147	1 1	0 3	THE RESERVE OF THE PERSON NAMED IN		30.00
ull Name of Contributor Registration Number, if PAC							
Susan Moore							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Chee	ck, etc.)
5075 Cherry Blossom Dr.		4				Check	i Maria in
City -	State	Zip Code	M	D	Y	Amount	
Groveport	O H	43125	111	0 3	0 8		6.00
Full Name of Contributor			Registra	tion Nun	ber, if PA	/C	
Deborah Munsch							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Ched	ck, etc.)
9898 Melody Lane						Check	
City	State	Zip Code	M	D	Y	Amount	
Pickerington	OH	43147	111	0 3	0 8		25.00
Full Name of Contributor			Registra		ber, if PA	,C	
Mark Stack							
Street Address	Employer/Occupa	ation/Labor Organization*	- Resultante	***************************************	14. 14	Form (Cash, Chec	ck, etc.)
875 Aries Dr.				1000		Check	
City The Control of t	State	Zip Code	М	D	Y	Amount	
Gahanna	OH	43230	111	0 3	•		25.00
				1010	UUU	Barrier (1986)	40.00

Page Total S	162.00

^{*} 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)]