

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Groveport Madison Committee For Better Schools						
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 OH	Zip Code 43125	M 0	D 8	Y 3	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 OH	Zip Code 43125	M 0	D 9	Y 3	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 OH	Zip Code 43125	M 0	D 9	Y 3	Amount \$6.00
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Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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 also appear. [R.C. 3517.10(B)(4)]