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## **Statement of Contributions Received**

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Page		

Prescribed by Secretary of State 03/05

Name of Committee in Full Groveport Madison Committee F	or Better Schools			
Full Name of Contributor			Registration Number, if	PAC
Susan Moore			<u>.</u>	
Street Address	Employer/Occi	apation/Labor Organization		Form (Cash, Check, etc.)
5075 Cherry Blossom Dr	S. A.			check
City	State	Zip Code	M D Y	Amount
Groveport	OH	43125	083013	\$6.00
Full Name of Contributor	<u> </u>	·	Registration Number, it	PAC
Aimee Holloway				
Street Address	Employer/Occo	upation/Labor Organization	•	Form (Cash, Check, etc.)
448 Crestmoore Dr				check
City	State	Zip Code	M D Y 0 9 3 0 1 3	Amount
Groveport	OH	43125	093013	\$30.00
Full Name of Contributor			Registration Number, if	PAC
Susan Moore				
Street Address	Employer/Occi	apation/Labor Organization		Form (Cash, Check, etc.)
5075 Cherry Blossom Dr				check
City	State	Zip Code	M D Y	Amount \$6.00
Groveport	он	43125	0 9 3 0 1 3	\$6.00
Full Name of Contributor		<del></del> -	Registration Number, it	PAC
Aimee Holloway				
Street Address	Employer/Occi	apation/Labor Organization	•	Form (Cash, Check, etc.)
448 Crestmoore Dr				check
City	State	Zip Code	M D Y 1 0 3 0 1 3	Amount
Groveport	ОН	43125	<u> </u>	\$30.00
Full Name of Contributor	<del></del>		Registration Number, if	PAC
Susan Moore				
Street Address	Employer/Occi	apation/Labor Organization		Form (Cash, Check, etc.)
5075 Cherry Blossom Dr				check
City	State	Zip Code	1 0 3 0 1 3	Amount S6.00
Groveport	OH	43125		
Full Name of Contributor			Registration Number, if	PAC
Aimee Holloway			<u>.</u>	Francisco Charlesto
Street Address	Employer/Occi	upation/Labor Organization		Form (Cash, Check, etc.) check
448 Crestmoore Dr		12: 0.1.	IV IN IV	
City	State OH	Zip Code 43125	M D Y	\$30.00
Groveport			Registration Number, if	PAC
Full Name of Contributor			Registration (value), ii	inc
Susan Moore				Form (Cash, Check, etc.)
Street Address	Employer/Occ	upation/Labor Organization		check
5075 Cherry Blossom Dr	State	Zip Code	M D Y	Amount
City Groveport	State OH	43125	M	\$6.00
Full Name of Contributor	1 011	1 10125	Registration Number, if	
Fun Name of Conditional				
Street Address	Landy/O	upation/Labor Organization		Form (Cash, Check, etc.)
outer raduces	Employer/Occ	apatron Capor Organization		Í
City	State	Zip Code	M D Y	Amount
	OH	'		

Page Total \$114.00

<sup>\*</sup> 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)]