ν.	10
Page	11)

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Groveport Madison Committee For	Better School	s				
Full Name of Contributor			Registr	ation Nun	aber, if P	AC .
Heidi Day						in film thaff a sagainst a continue o The sagainst a
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
8467 Kingsley Dr		•				Check
City	State	Zip Code	M	l D	Τy	Amount
Reynoldsburg	ОН	43068	1 2	1	1 '	•
Full Name of Contributor		1 10000	CONTRACTOR OF THE PARTY OF THE	ation Nun		
Patricia Fletcher			T.OBISI	auon 1 (un	1001, 11 1 7	AND A PERSON AND A
Street Address	Funlover/Occur	pation/Labor Organization*		Water Commission of the Commis	***************************************	
12176 Woodrow Lane	[Improyen occup	ation Labor Organization				Form (Cash, Check, etc.)
City	State	Zi. C. I.				Check
Pickerington	1	Zip Code	М	D	Y	Amount
Full Name of Contributor	O H	43147	1 2			3.00
Kathy Hinton			Registra	ation Nun	ber, if PA	vc
Street Address						Haran Andrews
	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
8370 Bruce Ct						Check
City	State	Zip Code	М	D	Y	Amount
Canal Winchester	0 H	43110	1 2	0 4	0 8	3.00
Full Name of Contributor			Registra	ation Num	ber, if PA	C
Aimee Holloway						
Street Address	Employer/Occup	ation/Labor Organization*	B. P. C.			Form (Cash, Check, etc.)
448 Crestmoore Dr						Check
City	State	Zip Code	М	D	Y	Amount
Groveport	OH	43125	1 2	0 4	0 8	15.00
Full Name of Contributor			THE PROPERTY OF THE PARTY OF TH	ation Num		
Janis Imwalle					,	Maria da Ma Maria da Maria da Ma
Street Address	Employer/Occup	ation/Labor Organization*		-	***************************************	Form (Cash, Check, etc.)
690 Waybaugh Dr						
City	State	Zip Code	M	D	ΓY	Check Amount
Gahanna	ОН	43230	1	1		
Full Name of Contributor		1 43230	1 2	THE RESERVE OF THE PARTY OF THE	0 8	3.00
H Scott McKenzie						
Street Address	Employer/Occur	otion (Cathar Carabatha W				
1814 Millwood Dr	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
City		In a contract of		·		Check
그 하나 중학과 회문 및 사회적 중에서 발생하는	State	Zip Code	М	D	Y	Amount
Upper Arlington Full Name of Contributor	O H	43221	1 2	0 4	0 8	15.00
			Registra	ition Num	ber, if PA	С
Susan Moore						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
5075 Cherry Blossom Dr		4 PA 177				Check
City	State	Zip Code	М	D	Y	Amount
Groveport	O H	43125	1 2	0 4	0 8	3.00
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
		in the second second				(), 5
City	State	Zip Code	M	D	Y	Amount
			1 "			, tinogin

* 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	\$	45.00
------------	----	-------