Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		
	-41 C-1 1-	
Groveport Madison Committee For Bo	etter Schools	D. C. W. J. C. W. C.
Full Name of Contributor	!	Registration Number, if PAC
Patricia Fletcher		[n (0.1.0))
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
12176 Woodrow Lane		Check
City	State Zip Code	M D Y Amount
Pickerington	O H 43147	0 3 3 0 1 1 3.00
Full Name of Contributor		Registration Number, if PAC
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 3 3 0 1 1 3.00
Full Name of Contributor		Registration Number, if PAC
Aimee Holloway		
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
	;	Check
448 Crestmoore Dr	C	•
City	State Zip Code	M D Y Amount
Groveport	O H 43125	0 3 3 0 1 1 15.00
Full Name of Contributor		Registration Number, if PAC
H Scott McKenzie		
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
1814 Millwood Dr		Check
City	State Zip Code	M D Y Amount
Upper Arlington	O H 43221	0 3 3 0 1 1 15.00
Full Name of Contributor	,	Registration Number, if PAC
Susan Moore	}	
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
5075 Cherry Blossom Dr		Check
City	State Zip Code	M D Y Amount
I * _	O H 43125	0 3 3 0 1 1 3.00
Groveport Full Name of Contributor	0 11 43123	Registration Number, if PAC
Full Name of Contitoutor		Augustation Nation, in 1710
lo	F1	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*	Pottif (Casil, Check, etc.)
City	State Zip Code	M D Y Amount
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
City	State Zip Code	M D Y Amount
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
		j i
City	State Zip Code	M D Y Amount
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^{*} 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)]