

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groveport Madison Committee For Better Schools							
Full Name of Contributor Maggie Hacquard					Registration Number, if PAC		
Street Address 988 S Front St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 4	D 0 3	Y 1 3	Amount 25.00	
Full Name of Contributor Monique Hamilton					Registration Number, if PAC		
Street Address 8149 Reynoldswood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 4	D 0 3	Y 1 3	Amount 11.00	
Full Name of Contributor Kathy Hinton					Registration Number, if PAC		
Street Address 8370 Bruce Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 4	D 0 3	Y 1 3	Amount 15.00	
Full Name of Contributor Lori Hitsman					Registration Number, if PAC		
Street Address 320 Sheryl Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0 4	D 0 3	Y 1 3	Amount 11.00	
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 O H	Zip Code 43125	M 0 4	D 0 3	Y 1 3	Amount 90.00	
Full Name of Contributor Bruce Hoover					Registration Number, if PAC		
Street Address 3065 Royal Dornoch Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 0 4	D 0 3	Y 1 3	Amount 70.00	
Full Name of Contributor Robin Howie					Registration Number, if PAC		
Street Address 5247 Gobel Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 4	D 0 3	Y 1 3	Amount 5.00	
Full Name of Contributor Janis Imwalle					Registration Number, if PAC		
Street Address 690 Waybaugh Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 0 3	Y 1 3	Amount 5.00	

* 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)]