Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Groveport Madison Committee For B	etter Sch	iool	S				
Full Name of Contributor				Registrati	ion Num	ber, if PA	C
Patricia Fletcher				1			
Street Address	Employer/	Occup:	ation/Labor Organization*	L			Form (Cash, Check, etc.)
12176 Woodrow Lane			-			I	Check
City	Stat	e	Zip Code	M	D	Y	Amount
Pickerington	0	Н	43147		1 0	1 2	3.00
Full Name of Contributor			X	Registrati			
Kathy Hinton							
Street Address	Employer/	Оссир	ation/Labor Organization*	<u> </u>		_	Form (Cash, Check, etc.)
8370 Bruce Ct		•					Check
City	State	e	Zip Code	М	D	Y	Amount
Canal Winchester	0	H	43110		1 0	1 2	3.00
Full Name of Contributor		<u> </u>	43110	Registrati			
Aimee Holloway				100	1011 1	UUI,	
Street Address	Employer/	Occum	ation/Labor Organization*	<u> </u>		_	Form (Cash, Check, etc.)
448 Crestmoore Dr	unprojes	Occup.	attott Euror O'Enmarton				Check
City	State		Zip Code	М	D	Y	Amount
l * _	_	H		-			
Groveport Full Name of Contributor	0		43125	0 9		1 2	15.00
Full Name of Contributor				Registrati	ion Num	ber, II PA	C.
C 4 21	F	~	2 4 1 0 minutions	<u>L</u>			In 10 10 1 1
Street Address	Employer	Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)
1	_						
City	Stat	e	Zip Code	М	D	Y	Amount
Full Name of Contributor			 	In anietmai	· - Nissasi	·: enix	
l ·				Registrati	ion Num	ber, 11 rz	i.C
Susan Moore	T1. (L			1
Street Address	Employer	Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)
5075 Cherry Blossom Dr	2 :		·				Check
City	State		Zip Code	M	D	Y	Amount
Groveport	0	Н	43125	0 9		1 2	3.00
Full Name of Contributor	-			Registrati	ion Num	ber, if PA	vC
					_		
Street Address	Employer/	Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
<u>.</u>							ĺ
City	State	e	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registrati	ion Num	ber, if PA	.C
Heidi Day							
Street Address	Employer/	Оссира	ation/Labor Organization*	*			Form (Cash, Check, etc.)
8467 Kingsley Drive							Check
City	Stat	e	Zip Code	M	D	Y	Amount
Reynoldsburg	0	Н	43068	09	1 0	1 2	3.00
Full Name of Contributor				Registrati			
				1			
Street Address	Employer/	Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
		-	-				
City	Stat	e	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 appear. [R.C. 3517.10(B)(4)]