Statement of Contributions Received

Prescribed by Secretary of State 3/05

	<u></u>						
Name of Committee in Full							
Groveport Madison Committee	For Better School	.s					
Full Name of Contributor				Registration Number, if PAC			
Patricia Fletcher							
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	1 2	0 9	$1 \lfloor 0 \rfloor$		3.00
Full Name of Contributor			Registra	tion Numbe	er, if PA	.C	
Kathy Hinton							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
8370 Bruce Ct						Check	
City	State	Zîp Code	М	D	Y	Amount	
Canal Winchester	O H	43110	1 2	0 9	$1 \lfloor 0 \rfloor$		3.00
Full Name of Contributor			Registra	tion Numbe	er, if PA	C	
Aimee Holloway							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
448 Crestmoore Dr					Check		
City	State	Zip Code	М	D	Y	Amount	
Groveport	O H	43125	1 2	0 9	1 0		15.00
Full Name of Contributor	<u>'</u>			tion Numbe		.C	
H Scott McKenzie							
Street Address	Employer/Occu	pation/Labor Organization*			_	Form (Cash, Ch	eck, etc.)
1814 Millwood Dr				ļ			
City	State	Zip Code	М	D	Y	Check	
Upper Arlington	ОІН	43221	1 2	0 9	1 0		15.00
Full Name of Contributor				tion Numbe		.C	10.00
Susan Moore							
Street Address	Employer/Occupation/Labor Organization*			-	Form (Cash, Check, etc.)		
5075 Cherry Blossom Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Groveport	ОТН	43125	1 2	1	$1 \mid 0$, ,,,,,	3.00
Full Name of Contributor	101	10120		tion Numbe		('¹	0.00
			1.cgisaa	mon manoe	., 11 1 2 1	.0	
Street Address	Employer/Occupation/Labor Organization*						eck, etc.)
1					i om (cash, chen, ce.)		
City	State	Zip Code	М	D	Ÿ	Amount	····
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Full Name of Contributor			Registra	tion Numbe	er if PA	r	
			ice gistia	tion i tambe	, H I Z	.0	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Che	eck etc.)
	Employenoccu				i om (casii, ca	con. ca.,	
City	State	Zip Code	М	D	Y	Amount	
City	Jane	Zip Code	I M		1	Amount	
Full Name of Contributor		•			i ic p v		
an rame of condibilion			Kegistra	tion Numbe	л, н РА	·C	
Street Address	Ir1/0	notion II also Constitution				Form (Cash, Che	-1- (.)
Succi Audioss	Employer/Occupation/Labor Organization*						cck, etc.)
City.		7:- 0 1			 _		
City	State	Zip Code	M	D	Y	Amount	
equired for contributions from individuals over \$100 to state		1	_++-	<u> </u>			
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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)]

Page Total	\$ 39.00