## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		•						
Groveport Madison Committee For B	etter School	lS				<del></del>		
Ill Name of Contributor			Registration Number, if PAC					
Heidi Day								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
8467 Kingsley Dr						Check		
City	State	Zip Code	М	D	Y	Amount		
Reynoldsburg	OlH	43068	0 7	1   5	1 0		3.00	
Full Name of Contributor			Registra	tion Nun	ber, if PA	/C		
Patricia Fletcher								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash. Check, etc.)			
12176 Woodrow Lane					İ	Check		
City	State	Zip Code	М	D	Y	Amount		
Pickerington	OH	43147	0 7	1   5	1 0		3.00	
Full Name of Contributor	Registration Number,				ber, if PA	PAC		
Kathy Hinton								
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)		
8370 Bruce Ct						Check		
City	State	Zip Code	М	D	Y	Amount		
Canal Winchester	OIH	43110	0 7	1   5	110		3.00	
Full Name of Contributor	<u> </u>				ber, if PA	AC		
Aimee Holloway								
Street Address	Employer/Occu	pation/Labor Organization*	<b>-</b>			Form (Cash, Chec	k, etc.)	
448 Crestmoore Dr						Check	ŕ	
City	State	Zip Code	М	D	Ÿ	Amount		
Groveport	ОТН	43125	0/7	1115	1 0		15.00	
Full Name of Contributor		10120			ber, if PA	AC	10.00	
Janis Imwalle			0		•			
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Chec	k etc.)	
690 Waybaugh Dr		5				Check		
City	State	Zip Code	М	D	Ϋ́	Amount		
Gahanna	OH	43230			1 0		3.00	
Full Name of Contributor		40200	Registra	tion Num	her if PA	<u> </u>	3.00	
Full Name of Contributor  Registration Number, if PAC  H Scott McKenzie								
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Chec	k etc.)	
1814 Millwood Dr	Employe setu	parioti Edeor Organization				Check	s. c.c.,	
City	State	Zip Code	M	р	Y	Amount		
Upper Arlington	OH	43221		4	1 0		15.00	
Full Name of Contributor		40221			ber, if PA		15.00	
Susan Moore			Registia	non nun	iber, ii F			
Street Address	Combayar/Occur	pation/Labor Organization*				E /C . 1 . Ch	1 V	
5075 Cherry Blossom Dr	EmployenOccu	pation/Lagor Organization				Form (Cash, Chec	к, етс.)	
City	Carto	7:- 0-4-	1		T v	Check		
] ·	State H	Zip Code	M	D	Y	Amount	2.00	
Groveport Full Name of Contributor	0 H	43125	0 7	1 5			3.00	
Full Name of Contributor Registration Number, if PAC								
treet Address						n. 2007 a.	1 \	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
ein.	<del> </del> -	2: 0 1	Т		1	<u> </u>		
City	State	Zíp Code	M	D	Y	Amount		
L	<u> </u>	<u> </u>				L		

\* 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
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