

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 Patricia Fletcher				Registration Number, if PAC			
Street Address 12176 Woodrow Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		Amount	
City Pickerington	State O	Zip Code H 43147		M 0	D 1	Y 3	0 1 3 0 1 2
						3.00	
Full Name of Contributor Kathy Hinton				Registration Number, if PAC			
Street Address 8370 Bruce Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		Amount	
City Canal Winchester	State O	Zip Code H 43110		M 0	D 1	Y 3	0 1 3 0 1 2
						3.00	
Full Name of Contributor Aimee Holloway				Registration Number, if PAC			
Street Address 448 Crestmoore Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		Amount	
City Groveport	State O	Zip Code H 43125		M 0	D 1	Y 3	0 1 3 0 1 2
						15.00	
Full Name of Contributor H Scott McKenzie				Registration Number, if PAC			
Street Address 1814 Millwood Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		Amount	
City Upper Arlington	State O	Zip Code H 43221		M 0	D 1	Y 3	0 1 3 0 1 2
						15.00	
Full Name of Contributor Susan Moore				Registration Number, if PAC			
Street Address 5075 Cherry Blossom Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		Amount	
City Groveport	State O	Zip Code H 43125		M 0	D 1	Y 3	0 1 3 0 1 2
						3.00	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount	
City	State	Zip Code		M	D	Y	
Full Name of Contributor Heidi Day				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		Amount	
City Reynoldsburg	State O	Zip Code H 43068		M 0	D 1	Y 3	0 1 3 0 1 2
						3.00	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount	
City	State	Zip Code		M	D	Y	

* 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)]