Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Groveport Madison Committee For	r Better Schools		
Full Name of Contributor	better bertoois	Registration Number, if PA	.c
Patricia Fletcher			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
12176 Woodrow Lane	and the second and th		Check
City	State Zip Code	M D Y	Amount
Pickerington	O H 43147	0 1 3 0 1 2	3.00
Full Name of Contributor	<u> </u>	Registration Number, if PA	
Kathy Hinton		registration retribet, if 17	
Street Address	Employer/Occupation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.)
8370 Bruce Ct	and to be designed to the state of the state		
City	State Zip Code	M D Y	Check
Canal Winchester	O H 43110		· ·
Full Name of Contributor	0 11 45110	0 1 3 0 1 2	3.00
Aimee Holloway		Registration Number, if PA	C
Street Address	Employer/Occupation/Labor Organization*		r. (0.1 ot 1
448 Crestmoore Dr	Employer/Occupation/Eaoor Organization		Form (Cash, Check, etc.)
City	State Zip Code		Check
1 · _		M D Y	Amount
Groveport Full Name of Contributor	O H 43125	0 1 3 0 1 2	15.00
H Scott McKenzie		Registration Number, if PA	С
Street Address	F 1 (0 T 1		
	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1814 Millwood Dr			Check
City	State Zip Code		Amount
Upper Arlington Full Name of Contributor	O H 43221	013012	15.00
		Registration Number, if PA	c
Susan Moore			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
5075 Cherry Blossom Dr			Check
City	State Zip Code	M D Y	Amount
Groveport	O H 43125	0 1 3 0 1 2	3.00
Full Name of Contributor	· -	Registration Number, if PA	c
Ic			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
Icir.			
City	State Zip Code	M D Y	Amount
Full Name of Contributor		D. Carlotte (CD)	
Heidi Day		Registration Number, if PA	U
Street Address	Employed/Occupation/Lakes-Occupies/in-t	<u> </u>	
ou ou realiza	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	S		Check
·	State Zip Code	M D Y	Amount
Reynoldsburg Full Name of Contributor	O H 43068	0 1 3 0 1 2	3.00
Full Name of Contributor		Registration Number, if PA	C
Street Address	Employer/Occupation/Labor Organization*	L	F. (0 1 0)
	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 7:- C-1-		
1	State Zip Code	M D Y	Amount
equired for contributions from 1 dividual - 2000 - 2001			

• 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)]