Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Groveport Madison Committee For Be	tter School	s				
Full Name of Contributor		-	Registrati	on Numbe	r, if PA	С
Heidi Day			1			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
8467 Kingsley Dr						Check
City	State	Zip Code	M	D	Y	Amount
Reynoldsburg	ОН	43068	1 0	2 4 1	1 2	6.00
Full Name of Contributor	•		Registrati	on Numbe	r, if PA	С
Kathy Hinton						
Street Address	Employer/Occur	oation/Labor Organization*			_	Form (Cash, Check, etc.)
8370 Bruce Ct						Check
City	State	Zip Code	M	D	Y	Amount
Canal Winchester	ОН	43110	1 0	2 4	12	6.00
Full Name of Contributor			Registrati	ion Numbe	r, if PA	C
Aimee Holloway						
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)
448 Crestmoore Dr						Check
City	State	Zip Code	М	D	Y	Amount
Groveport	ОН	43125	1 0	2 4	1 2	30.00
Full Name of Contributor			Registrati	on Numbe	r, if PA	C
Susan Moore						
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)
5075 Cherry Blossom Dr						Check
City	State	Zip Code	M	D	Y	Amount
Groveport	ОН	43125	1 0	2 4	1 2	6.00
Full Name of Contributor			Registrat	ion Numbe	r, if PA	С
Street Address	Employer/Оссщ	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registrat	ion Numbe	r, if PA	C
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
_					1	
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	utor		Registration Number, if PAC			
						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
			<u>, </u>			
Full Name of Contributor			Registrat	ion Numbe	r, if PA	iC
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
						1

^{*} 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)]