

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	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Form (Cash, Check, etc.)
Street Address 12176 Woodrow Lane			Check
City Pickerington	State Zip Code O H 43147	M D Y 0 2 1 5 1 2	Amount 3.00
Full Name of Contributor Kathy Hinton	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Form (Cash, Check, etc.)
Street Address 8370 Bruce Ct			Check
City Canal Winchester	State Zip Code O H 43110	M D Y 0 2 1 5 1 2	Amount 3.00
Full Name of Contributor Aimee Holloway	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Form (Cash, Check, etc.)
Street Address 448 Crestmoore Dr			Check
City Groveport	State Zip Code O H 43125	M D Y 0 2 1 5 1 2	Amount 15.00
Full Name of Contributor H Scott McKenzie	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Form (Cash, Check, etc.)
Street Address 1814 Millwood Dr			Check
City Upper Arlington	State Zip Code O H 43221	M D Y 0 2 1 5 1 2	Amount 15.00
Full Name of Contributor Susan Moore	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Form (Cash, Check, etc.)
Street Address 5075 Cherry Blossom Dr			Check
City Groveport	State Zip Code O H 43125	M D Y 0 2 1 5 1 2	Amount 3.00
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Form (Cash, Check, etc.)
Street Address			
City	State Zip Code	M D Y	Amount
Full Name of Contributor Heidi Day	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Form (Cash, Check, etc.)
Street Address			Check
City Reynoldsburg	State Zip Code O H 43068	M D Y 0 2 1 5 1 2	Amount 3.00
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Form (Cash, Check, etc.)
Street Address			
City	State Zip Code	M D Y	Amount

* 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)]