

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 Heidi Day					Registration Number, if PAC		
Street Address 8467 Kingsley Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 7	D 0 2	Y 0 9	Amount 6.00	
Full Name of Contributor Patricia Fletcher					Registration Number, if PAC		
Street Address 12176 Woodrow Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0 7	D 0 2	Y 0 9	Amount 6.00	
Full Name of Contributor Kathy Hinton					Registration Number, if PAC		
Street Address 8370 Bruce Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 7	D 0 2	Y 0 9	Amount 6.00	
Full Name of Contributor Aimee Holloway					Registration Number, if PAC		
Street Address 448 Crestmoore Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 7	D 0 2	Y 0 9	Amount 30.00	
Full Name of Contributor Janis Imwalle					Registration Number, if PAC		
Street Address 690 Waybaugh Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 7	D 0 2	Y 0 9	Amount 6.00	
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		
City Upper Arlington	State O H	Zip Code 43221	M 0 7	D 0 2	Y 0 9	Amount 30.00	
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		
City Groveport	State O H	Zip Code 43125	M 0 7	D 0 2	Y 0 9	Amount 6.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
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)]

Page Total \$ 90.00