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 | roi bettei schools | Registration Number, if PAC | |
| Patricia Fletcher | | Registration Number, 1) FAC | |
| Street Address | Employer/Occupation/Labor Organization* | In. | rm (Cash, Check, etc.) |
| 12176 Woodrow Lane | Entployer Occupation Labor Organization | | |
| | O | | Check |
| City Di-leasi a mhasa | State Zip Code O H 43147 | | nount |
| Pickerington | O H 43147 | 0 9 1 0 1 2 | 3.00 |
| Full Name of Contributor | | Registration Number, if PAC | |
| Kathy Hinton | | | |
| Street Address | Employer/Occupation/Labor Organization* | | rm (Cash, Check, etc.) |
| 8370 Bruce Ct | | | Check |
| City | State Zip Code | | nount |
| Canal Winchester | O H 43110 | 0 9 1 0 1 2 | 3.00 |
| Full Name of Contributor | · · · · · · · · · · · · · · · · · · · | Registration Number, if PAC | |
| Aimee Holloway | | | |
| Street Address | Employer/Occupation/Labor Organization* | For | rm (Cash, Check, etc.) |
| 448 Crestmoore Dr | | 1 | Check |
| City | State Zip Code | M D Y An | nount |
| Groveport | O H 43125 | 0 9 1 0 1 2 | 15.00 |
| Full Name of Contributor | | Registration Number, if PAC | |
| Scott McKenzie | | | |
| Street Address | Employer/Occupation/Labor Organization* | Fo | rm (Cash, Check, etc.) |
| 1814 Millwood Dr | | | Check |
| City | State Zip Code | | nount |
| Upper Arlington | O H 43221 | 0 9 1 0 1 2 | 15.00 |
| Full Name of Contributor | | Registration Number, if PAC | 10.00_ |
| Susan Moore | | 1 | |
| Street Address | Employer/Occupation/Labor Organization* | For | rm (Cash, Check, etc.) |
| 5075 Cherry Blossom Dr | | | Check |
| City | State Zip Code | | nount |
| 1 ' | O H 43125 | | |
| Groveport Full Name of Contributor | | 0 9 1 0 1 2 Registration Number, if PAC | 3.00 |
| I an Name of Cosmidatos | | Registration Number, it FAC | |
| Street Address | Employer/Occupation/Labor Organization* | | rm (Cash, Check, etc.) |
| Sheet Addless | employer/Occupation/Labor Organization | POI | m (Cash, Check, etc.) |
| Cin. | C 71- C-1- | 11 D V | |
| City | State Zip Code | M D Y An | nount |
| Full Name of Contributor | <u> </u> | Registration Number, if PAC | |
| | | Registration Number, if PAC | |
| Heidi Day | Frankrick (Orange State Orange Color) | le. | (Cook Chook on) |
| Street Address | Employer/Occupation/Labor Organization* | | rm (Cash, Check, etc.) |
| 8467 Kingsley Drive | | | Check |
| City | State Zip Code | 1 | thuori |
| Reynoldsburg | O H 43068 | 0 9 1 0 1 2 | 3.00 |
| Full Name of Contributor | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | le. | rm (Cash. Check, etc.) |
| once rudiess | ынфюустоссиранов гарог отданізаціян: | ron | ini (Casa, Cilcox, Cic.) |
| City | State 7 in Code | M D V | are unit |
| City | State Zip Code | M D Y An | nowit |
| | | | |

^{*} 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)]