Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Name of Committee in Full	an Rotton Schools		
Groveport Madison Committee Fo	or better ochoois (Registration Number, if PAC	
		registration runner, it i AC	
Patricia Fletcher Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)	
12176 Woodrow Lane	Embioxet/Occubation/Earon Organization	Check	
	State Zip Code	M D Y Amount	
City Dialoguin atom	O H 43147		.00
Pickerington Full Name of Contributor	U 11 4514/ ₁	0 5 1 3 1 1 3. Registration Number, if PAC	.vv
		registration runner, it is not	
Kathy Hinton Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)	
	Employer/Accepation/Lagor Organization	Check	
8370 Bruce Ct	Centra 7:- C-1-	M D Y Amount	
City	State Zip Code O H 43110		ሰሳ
Canal Winchester	O H 43110	0 5 1 3 1 1 3. Registration Number, if PAC	.00
Full Name of Contributor	į	Registration Number, is PAC	
Aimee Holloway		F (O1-O1-1)	
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)	
448 Crestmoore Dr		Check	
City	State Zip Code	M D Y Amount	.00
Groveport	O H 43125	+ +	.00
Full Name of Contributor	!	Registration Number, if PAC	
H Scott McKenzie			
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.))
1814 Millwood Dr		Check	
City	State Zip Code	M D Y Amount	
Upper Arlington	O H 43221		.00
Full Name of Contributor		Registration Number, if PAC	
Susan Moore			
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.))
5075 Cherry Blossom Dr	İ	Check	
City	State Zip Code	M D Y Amount	
Groveport	O H 43125	0 5 1 3 1 1	.00
Full Name of Contributor		Registration Number, if PAC	
		\	_
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.))
•		ŀ	
City	State Zip Code	M D Y Amount	
I' *		I	
Full Name of Contributor	1	Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.))
	freeze a realization ratio	5(5.25.i, 5.166.i, 6.6)	
City	State Zip Code	M D Y Amount	
City	Sign Code		
Full Name of Contributor	1	Registration Number, if PAC	
Tun Ivano or Conditutor		The state of the s	
Sweet Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Lagor Organization*	Portit (Casil, Circos, Cic.)	,
City.	Sint-	M D Y Amount	
City	State Zip Code	M 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)]