Statement of Contributions Received

Prescribed by Secretary of State 3/05

200		-		_			
Name of Committee in Full	Con Rotton Cabool	0					
Groveport Madison Committee I	for detter School	8	nt-e	dan Stor	L. tena	(2	
			Registra	tion Num	ber, II PA	ic.	
Patricia Fletcher	I					E (C C	-l \
Street Address	Employer/Occup	vation/Labor Organization*				Form (Cash, Che	ck, etc. j
12176 Woodrow Lane	0	Te: o i		r		Check	
City	State O H	Zip Code	M	D	Y 1 1 0	Amount	2.00
Pickerington Full Name of Contributor	O H	43147	1 2	2 9	$1 \mid 0$	- C	3.00
			Registra	tion Num	ner, 11 PA	iC .	
Kathy Hinton Street Address	Fr. 1 . (0			-	-	F (0.1.0h.	-14- \
	Employer/Occup	oation/Labor Organization*				Form (Cash, Che	ck, etc.)
8370 Bruce Ct		Tail a s	- 1	т	1	Check	
City	State O H	Zip Code	M	D	Y !	Amount	2.00
Canal Winchester	O H	43110	1 2	2 9	1 0	<u></u>	3.00
Full Name of Contributor			Registra	tion Num	iber, if PA	(C	
Aimee Holloway	In . 10	de finales of the state of				E (C 1 C	ala ata X
Street Address	Employer/Occupation/Labor Organization*				1	Form (Cash, Check, etc.)	
448 Crestmoore Dr		la: a i	1 14			Check	
City	State	Zip Code	M	D	Y	Amount	15.00
_ Groveport	O H	43125	1 2	2 9	1 0		15.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .	
H Scott McKenzie							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Che	ck, etc.)
1814 Millwood Dr						Check	
City	State	Zip Code	M	D	Y	Amount	45.00
Upper Arlington	O H	43221	1 2				15.00
Full Name of Contributor			Registra	ition Nun	ber, if PA	AC	
Susan Moore							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
5075 Cherry Blossom Dr						Check	
City	State	Zip Code	M.	D	Y	Amount	
Groveport	O H	43125	1 2	2 9	1 0		3.00
Full Name of Contributor			Registra	tion Num	iber, if PA	AC	
Street Address	Employer/Occup	Form (Cash, Check, etc.)					
City	State	Zip Code	M,	D	Y	Amount	
	<u> </u>	[1 1		<u> </u>	
Full Name of Contributor			Registra	ition Num	iber, if PA	AC	
							.—
Street Address	Employer/Occupation/Labor Organization*						eck, etc.)
City	State	Zip Code	M	D	Y	Amount	
]		
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC .	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
City	State	Zip Code	M	D	Y	Amount	

Page Total \$	39.00

^{*} 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)]