Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		<u>, </u>		
<u> </u>	ttor Caboola			
Groveport Madison Committee For Be	tter 5chools	· · · · · · · · · · · · · · · · · · ·	Registration Number, if P/	\C
			registration (varioe), ii 17	
Patricia Fletcher	Employer/Occupation/	I abor Organization*	<u> </u>	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/	Labor Organization		
12176 Woodrow Lane	C+-+- 7:-	Code	M D Y	Check
City		Code		Amount
Pickerington	O H 4	13147	0 2 1 5 1 1	3.00
Full Name of Contributor			Registration Number, if PA	AC.
Kathy Hinton				1 5 (0.1.5)
Street Address	Employer/Occupation/	'Labor Organization*		Form (Cash, Check, etc.)
8370 Bruce Ct				Check
City		Code	M D Y	Amount
Canal Winchester	O H 4	13110	<u>0 2 1 5 1 1</u>	3.00
Full Name of Contributor			Registration Number, if P/	/C
Aimee Holloway				
Street Address	Employer/Occupation/	Labor Organization*	<u>_</u>	Form (Cash, Check, etc.)
448 Crestmoore Dr				Check
City	State Zip	Code	M D Y	Amount
Groveport	O H 4	43125	0 2 1 5 1 1	15.00
Full Name of Contributor			Registration Number, if Pa	/C
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 2	43221	0 2 1 5 1 1	15.00
Full Name of Contributor			Registration Number, if P.	
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		43125	0 2 1 5 1 1	3.00
Full Name of Contributor	<u> </u>	10120	Registration Number, if P.	
an Name of Communion			i i i i i i i i i i i i i i i i i i i	
Street Address	Employer/Occupation	/Labor Organization*		Form (Cash, Check, etc.)
Street Address	Employen Occupation	Labor Organization		r orm (Casia, Check, etc.)
Lev	State 7in	Codo	M D Y	Amount
City	State Zip	Code	IVI D 1	Апоши
		i	Registration Number, if P	A.C.
Full Name of Contributor			Registration Number, it r	AC
				To a (Coate Charle ata)
Street Address	Employer/Occupation	/Labor Organization*		Form (Cash, Check, etc.)
				1
City	State Zip	Code	M D Y	Amount
Full Name of Contributor			Registration Number, if P	AC
1				
Street Address	Employer/Occupation	/Labor Organization*		Form (Cash, Check, etc.)
City	State Zip	o 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)]