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Statement of Contributions Received

Prescribed by Secretary of State 3/05

N		ecretary of State 5/05	_				
Name of Committee in Full	D C 1	•		-			
Groveport Madison Committee Fo	or Better Schoo	ols					
			Registr	ation Nur	nber, if PA	AC .	
Patricia Fletcher	1		L				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
12176 Woodrow Lane			= . <u></u>			Check	
City	State	Zip Code	M	D	Y	Amount	
Pickerington	O H	43147	1 2	0 9	10	l	3.00
Full Name of Contributor		<u> </u>	Registr	ation Nun	nber, if P	AC	***
Kathy Hinton							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)
8370 Bruce Ct						Check	
City	State	Zip Code	M	D	Y	Amount	
Canal Winchester	O H	43110	1 2	019	1 0		3.00
Full Name of Contributor				ation Nun			
Aimee Holloway			ł				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash. Che	ck, etc.)
448 Crestmoore Dr						Check	•
City	State	Zip Code	M	D	Y	Amount	
Groveport	OIH	43125	112	019	$ _{1 0}$		3.00
Full Name of Contributor				ation Nun		\C	
Aimee Holloway							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	rk etc.)
448 Crestmoore Dr		•				Check	
City	State	Zip Code	LM	ΤD	Гү	Amount	
Groveport	ОІН	43125	1 2		1	, the same	15.00
Full Name of Contributor	<u> </u>			ation Nun			10.00
H Scott McKenzie				41.011.	1001, 11 1		
Street Address	Employer/Occu	pation/Labor Organization*	7.6			Form (Cash, Chee	ok etc.)
1814 Millwood Dr		r			Check		
City	State	Zip Code	M	T D	Y	Amount	
Upper Arlington	OH	43221	$\frac{1}{1}$		I	Zanoun	15.00
Full Name of Contributor	. 0 1	10221		tion Num		<u> </u>	15.00
			Registia	ition ivuii	ioei, ii i A		
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Chec	de ata)
	[,[,	and Dates of Summer of				Form (Cash, Chec	K, eic.)
City	State	Zip Code	M	D	Y	Amount	-
, ·	1	Lip cout] [1	Amount	
Full Name of Contributor	<u> </u>		Domistes	tion Num	Las iCDA		_
Susan Moore			Registra	ition Num	oer, II PA	.C	
Street Address	EmployariOccur	antion/Labor Organization*				n (0.1.6)	
5075 Cherry Blossom Dr	EmployenOccup	Employer/Occupation/Labor Organization*				Form (Cash, Chec	k, etc.)
City	Ctoto	Zip Code	1	T =	1	Check	
	State O H	*	M	D	Y	Amount	
Groveport Full Name of Contributor	0 H	43125	1 2		1 0		3.00
Tur isance of Continuator			Registra	tion Num	ber, if PA	.C	
Street Address	Enviouer/Ocean	astion/Labor Organization#				12	
	Employer Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zin Codo	1 54"				
	State	Zip Code	M	D	Y	Amount	
quired for contributions from individuals over \$100 to statemed an	1 1 11 7						

* 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 \$	39.00