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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	. D. tt C1 1	l						
Groveport Madison Committee For	better School	S	In .	· > *	'C'	^		
Full Name of Contributor				Registration Number, if PAC				
Heidi Day				densemble medicanica, mit				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
8467 Kingsley Dr			,	· · · · · · · · · · · · · · · · · · ·		Check		
City	State	Zip Code	М	D		Amount		
Reynoldsburg	O H	43068	0 9	Color to the second second section of the sectio	0 9		6.00	
Full Name of Contributor	200000000000000000000000000000000000000		Registrat	ion Numb	er, if PA	С		
Patricia Fletcher								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
12176 Woodrow Lane						Check		
City	State	Zip Code	M	D	Y	Amount		
Pickerington	O H	43147	0 9	1 7	0 9		6.00	
Full Name of Contributor				tion Numl	er, if PA	C		
Kathy Hinton			Section 200					
Street Address	Employer/Occu	pation/Labor Organization*			ivacoondusmonpologo	Form (Cash, Chec	k, etc.)	
8370 Bruce Ct						Check		
City	State	Zip Code	M	D	Y	Amount		
Canal Winchester	ОН	43110	0 9	1 7	0 9		6.00	
Full Name of Contributor			AND DESCRIPTION OF THE PARTY OF	tion Numl	(management)	С		
Aimee Holloway			_					
Street Address	Employer/Occu	pation/Labor Organization*	Į.			Form (Cash, Chec	k, etc.)	
448 Crestmoore Dr	Employer Cocupations Early Organization					Check	•	
City	State	Zip Code	М	D	Y	Amount		
Groveport	OH	1 7	0 9	1 1	0 9		30.00	
Full Name of Contributor		1 30120		tion Num	CONTRACTOR OF THE PARTY OF THE	L C	20.00	
Janis Imwalle					, •			
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
	Limpioyenocci	passing of grandered in				Check	,,	
690 Waybaugh Dr City	State	Zip Code	М	D	Y	Amount		
· ·	OH	1 .	$\begin{bmatrix} 0 \\ 0 \end{bmatrix} 9$				6.00	
Gahanna		1 0400		tion Num		l.	0.00	
Full Name of Contributor			Registra	aon ivuili	001, IL I F			
H Scott McKenzie	Town 1 / C	mation/Labor Occasiontic*		anno-monane-constituto		Form (Coch Cho	ok etc.)	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			on, cu.,	
1814 Millwood Dr	0	Zin Code	1 × 4	ח	l v	Check Amount		
City	State O H	Zip Code	M	D 1 77	Y	8	30.00	
Upper Arlington	O H	43221	1019	1 7 ition Num	10 9		30,00	
Full Name of Contributor			Registra	uon Num	oer, if PA	N C		
Susan Moore							-1 - 1 - 1	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ск, etc.)	
5075 Cherry Blossom Dr				T -		Check		
City	State	Zip Code	M	D	Y	Amount	(00	
Groveport	O H	43125	0 9	mileson to conference to come			6.00	
Full Name of Contributor			Registra	ition Num	ber, if P	AC		
Street Address	Employer/Occupation/Labor Organization*			N-CONSTRUCTION OF	Form (Cash, Check, etc.)			
		- -					-	
City	State	Zip Code	М	D	Y	Amount		
				24.00				

Page Total \$	90.00

^{*} 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)]