Page	3
1 460	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

		,		and the foundation of the passes are	nist) managapanjainsiyosetiin			
Name of Committee in Full	0.1	•					***************************************	
Groveport Madison Committee For B	etter Schoo	ls						
Full Name of Contributor				Registration Number, if PAC				
Heidi Day								
Street Address	Employer/Occi				Form (Cash, Check, et	tc.)		
8467 Kingsley Dr						Check		
City	State	Zip Code	M	D	Y	Amount		
Reynoldsburg	O H	43068	0 2	$0 \mid 4$	0 9		3.00	
Full Name of Contributor			Registra	ation Nun	CONTRACTOR DESCRIPTION	\C		
Patricia Fletcher								
Street Address	Employer/Occu	pation/Labor Organization*			p-out-recovers the section Wi	Form (Cash, Check, et	tc.)	
12176 Woodrow Lane						Check		
City	State	Zip Code	M	D	Y	Amount		
Pickerington	OH	43147	0 2	0 4	0 9		3.00	
Full Name of Contributor				ation Num				
Kathy Hinton								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
8370 Bruce Ct						Check	,	
City	State	Zip Code	М	D	Y	Amount		
Canal Winchester	OH	1	0 2	0 4	0 9		3.00	
Full Name of Contributor				ation Num		E	0.00	
Aimee Holloway					,			
Street Address	Employer/Occu	pation/Labor Organization*	L			Form (Cash, Check, et	tc.)	
448 Crestmoore Dr						Check	/	
City	State	Zip Code	M	D	Y	Amount		
Groveport	OH	1 '	0 2	I .	0 9		5.00	
Full Name of Contributor		10120	THE PERSON NAMED IN COLUMN TWO	tion Nun	THE RESERVE OF THE PERSON NAMED IN	Company of the Compan	.0.00	
Janis Imwalle					,			
Street Address	Employer/Occu	pation/Labor Organization*	_L	iorangeon communi		Form (Cash, Check, et	rc)	
690 Waybaugh Dr	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r				Check	,	
City	State	Zip Code	М	T D	Y	Amount		
Gahanna	OH	43230	0 2	1 .			3.00	
Full Name of Contributor		10200	STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	tion Num	Contract and annual contract of the contract o	April 1990 - Control of Control o	3.00	
H Scott McKenzie					,	.0		
Street Address	Employer/Occu	pation/Labor Organization*	Annual Control of the			Form (Cash, Check, et	·c)	
1814 Millwood Dr	2p.oyen eccupation 2or ergumentor					Check	,	
City	State	Zip Code	М	D	Y	Amount		
Upper Arlington	OH		3	0 4			5.00	
Full Name of Contributor		10441	Registra	tion Num	her if PA	C	.5.00	
Susan Moore			Registra	icion i vain	iber, ii i z			
Street Address	Employer/Occu	pation/Labor Organization*			Soydyseesymetroop	Form (Cash, Check, etc	·	
5075 Cherry Blossom Dr	Employenocea	pation/Labor Organization					.c.)	
City	State	Zip Code	M	D	Y	Check Amount		
Groveport	OH	⁻			1 . 1		2.00	
Full Name of Contributor		40125	0 2	THE RESERVE OF THE PERSON NAMED IN	CANADA COM BUT A COMONO.	man and a second section of the second second section and assessment as a second secon	3.00	
r un vanie of Commondor			Registra	ition Num	iber, ii PA	.C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
				7	γ			
City	State	Zip Code	M	D	Y	Amount		
			COLUMN TO COLUMN					

Page Total \$ 45.00	_
---------------------	---

^{*} 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)]