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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	Trobotroed by 50	selectary of State 5705	1 1		1.00		distribution
Name of Committee in Full					***************************************		
Groveport Madison Committee For	r Better School	s					
Full Name of Contributor			Registra	tion Nun	ber, if P	AC	
Heidi Day				******	- 15 No		
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
8467 Kingsley Dr					15 1000	Check	
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	O H	43068	111	1 3	0 8	e de la composição de la c	3.00
Full Name of Contributor			Registra	tion Nun	ber, if P	AC	
Patricia Fletcher	·						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
12176 Woodrow Lane						Check	Madding.
City	State	Zip Code	М	D	Y	Amount	
Pickerington	OH	43147	111	1 3	0 8		3.00
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC	
Kathy Hinton							
Street Address	Employer/Occup	oation/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 1	1 3	0 8		3.00
Full Name of Contributor			Registra	tion Num	ber, if PA	\C	
Aimee Holloway							
Street Address	Employer/Occup	ation/Labor Organization*		E-Maria Maria Maria	O'CHANGE	Form (Cash, Che	ck, etc.)
448 Crestmoore Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Groveport	O H	43125	111	1 3	0 8		15.00
Full Name of Contributor			Registra	tion Num	ber, if PA	ΛC	
Janis Imwalle							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
690 Waybaugh Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	1 1	1 3	0 8	ing a series de la companya de la c La companya de la co	3.00
Full Name of Contributor			Registra	tion Num	ber, if PA	ر.C	
H Scott McKenzie							
Street Address	Employer/Occup	ation/Labor Organization*	- Campana		With DESIGNATION AND	Form (Cash, Che	ck, etc.)
1814 Millwood Dr					NAME OF	Check	n Carlos de Carlos
City	State	Zip Code	М	D	Y	Amount	
Upper Arlington	O H	43221	1 1	1 3	0 8	ana dilana kanasa	15.00
Full Name of Contributor	Constant of the Constant of th		Registrat	tion Num	Transavia de la companya del companya del companya de la companya	vC	
Susan Moore							
Street Address	Employer/Occup	ation/Labor Organization*	Managaran			Form (Cash, Che	ck, etc.)
5075 Cherry Blossom Dr						Check	
City	State	Zip Code	M	D	Υ	Amount	
Groveport	ОН	43125	1 1	1 3	0 8		3.00
Full Name of Contributor			Registrat	ion Num		C	
			1				
Street Address	Employer/Occupa	ation/Labor Organization*		***************************************		Form (Cash, Che	ck, etc.)
City	State	Zip Code	М	D	Y	Amount	
	The second secon	Augustinia (1900)	Lanciani				MARKET MARKET THE TAXABLE PARTY.

* 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	\$	45.00
Page	: iotai	Э	45.00