	40
Page	10

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

			<del></del>					
Name of Committee in Full								
Groveport Madison Committee For Be	tter Sc.	hools	<u> </u>	1				
Pair Name of Contibutor				Registr	ation Nu	mber, if P	AC	
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Chec	k etc.)
	' -,						om (ousn, once	к, си.)
City	Sta	ite	Zip Code	M	D	Y	Amount	
Full Name of Contributor				Registr	ation Nu	mber, if P	AC	
Patricia Fletcher								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
12176 Woodrow Lane							Check	
City	Sta		Zip Code	М	D	Y	Amount	
Pickerington Full Name of Contributor	0	H	43147	1 1		1 0		3.00
				Registr	ation Nu	mber, if P	AC	
Kathy Hinton Street Address	le ,	10					<b>T</b>	
8370 Bruce Ct	Employer	г/Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)	
City	Sta	ıta.	Zip Code	М	T	T v	Check	
Canal Winchester	0	H	43110	$\begin{vmatrix} M \\ 1 \end{vmatrix}$ 1	D	$\begin{bmatrix} Y \\ 1 \end{bmatrix}$	Amount	2.00
Full Name of Contributor	101		45110			1 0		3.00
Aimee Holloway				KCEISH	ation ivu	illoet, if f	AC	
Street Address	Employer	r/Occupa	ntion/Labor Organization*				Form (Cash, Chec	k etc.)
448 Crestmoore Dr	Shiptoyon see aparton sucon significant					Check	n, cic.y	
City	Sta	ite	Zip Code	М	D	ΤΥ	Amount	
Groveport		Η	43125	111	0 4	110	· <b>i</b>	15.00
Full Name of Contributor			·			nber, if P		
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			k, etc.)				
	ļ							
City	Sta	ite	Zip Code	М	D	Y	Amount	
							<u> </u>	
Full Name of Contributor				Registra	ation Nu	nber, if P	AC	
H Scott McKenzie Street Address	Tr. 1	10	4' h 1 h 1 h				1	
1814 Millwood Dr	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	Sta	to	Zip Code	М		1	Check	
Upper Arlington		Н	43221		D A	$\begin{bmatrix} & \mathbf{Y} \\ 1 & 0 \end{bmatrix}$	Amount	15.00
Full Name of Contributor			30221			nber, if P.		15.00
Susan Moore				registr	2110111141	11001, 1111		
Street Address	Eniployer	/Occupa	tion/Labor Organization*	ــــــــــــــــــــــــــــــــــــــ			Form (Cash, Check	k. etc.)
5075 Cherry Blossom Dr	, , , , , , , , , , , , , , , , , , , ,					Check		
City	Sta	te	Zip Code	М	D	ΙΥ	Amount	
Groveport	01	Н	43125	1 1	014	110		3.00
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City	Sta	te	Zip Code	M	D	Y	Amount	
guired for continuing from individual and \$100 and in its			<u> </u>				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)]

Page Total S	39.00