

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groveport Madison Committee for Better Schools							
Full Name of Contributor Groveport Madison Local Education Association						Registration Number, if PAC	
Street Address 139 Cleveland Ave		Employer/Occupation/Labor Organization* Labor Organization				Form (Cash, Check, etc.) Check	
City Lancaster	State O H	Zip Code 43130	M 0 2	D 0 9	Y 1 4	Amount 5,000.00	
Full Name of Contributor Brant Tedrow						Registration Number, if PAC	
Street Address 6269 Lithopolis Road		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 2	D 1 2	Y 1 4	Amount 500.00	
Full Name of Contributor Larry Jason Parsons						Registration Number, if PAC	
Street Address 3966 Clearwater Drive		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 2	D 0 7	Y 1 4	Amount 50.00	
Full Name of Contributor Laurence Ricchi						Registration Number, if PAC	
Street Address 4971 Brewster Drive		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 2	D 1 3	Y 1 4	Amount 250.00	
Full Name of Contributor Brant Tedrow						Registration Number, if PAC	
Street Address 6269 Lithopolis Road		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 2	D 1 9	Y 1 4	Amount 500.00	
Full Name of Contributor Franklin Heating & Refrigeration, Inc.						Registration Number, if PAC	
Street Address PO Box 32362		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43232	M 0 2	D 1 8	Y 1 4	Amount 500.00	
Full Name of Contributor Groveport Madison Local Education Association						Registration Number, if PAC	
Street Address 139 Cleveland Ave		Employer/Occupation/Labor Organization* Labor Organization				Form (Cash, Check, etc.) Check	
City Lancaster	State O H	Zip Code 43130	M 0 3	D 0 3	Y 1 4	Amount 5,000.00	
Full Name of Contributor Teresa Malloy						Registration Number, if PAC	
Street Address 139 Cleveland Ave		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Lancaster	State O H	Zip Code 43130	M 0 3	D 0 3	Y 1 4	Amount 100.00	

* 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)]

Page Total \$ 11,900.00