Page	17	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	Prescribed by Se	cretary of State 5/05					
Name of Committee in Full							
Groveport Madison Committee F	or Better School	S					
Full Name of Contributor	Registration Number, if PA					AC ·	
Amy Jones							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
8455 Amarillo Dr					,	Check	
City	State	Zip Code	M	D	Y	Amount	
Blacklick	O   H	43004		0 3	1 3	11.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	AC .	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
	, and the state of						
City	State	Zip Code	М	D	Y	Amount	
						1	
Full Name of Contributor	•	-	Registra	ation Num	ber, if PA	AC	
Street Address	Employer/Occur	nation/Labor Organization*		-		Form (Cash, Check, etc.)	
		and a second or parameter					
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	ation Num	ber, if PA	AC	
Deborah Lefever	<u> </u>	<del></del>				•	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)	
116 Bellefield Ave		Ta: o i				Check	
City	State   H	Zip Code	M	D	Y	Amount	
Westerville Full Name of Contributor	0   H	43081		0   3 ation Num			
			Registra	ation Num	ber, ii PF	AC .	
Veronica Leport Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
3418 London Lancaster Rd	Employenoccu	Account of Carlotte				Check	
City	State	Zip Code	М	D	Y	Amount	
Groveport	ОТН	43125	0 6	1 .	1 3	5.00	
Full Name of Contributor		10120	_	ation Num			
Lindsey Malacos					,		
Street Address	Employer/Occupation/Labor Organization*				-	Form (Cash, Check, etc.)	
1068 1/2 Mt. Pleasant Ave.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	0   H	43201	016	013	113	3.00	
Full Name of Contributor		•		ation Num			
Amie Marburger							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
170 Green Ave						Check	
City	State	Zip Code	М	D	Y	Amount	
Groveport	O   H	43125	016	013	1 3	5.00	
Full Name of Contributor			Registra	ation Num	ber, if P/		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
				<u>                                     </u>			
16							

• 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 \$	29.00