

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 David Gale					Registration Number, if PAC		
Street Address 462 Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 3	D 0 8	Y 1 4	Amount 28.83	
Full Name of Contributor Maria Swonger					Registration Number, if PAC		
Street Address 7550 Groveport Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 3	D 0 8	Y 1 4	Amount 9.41	
Full Name of Contributor Crvstal Snvder					Registration Number, if PAC		
Street Address 3332 Drake Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 3	D 1 0	Y 1 4	Amount 4.55	
Full Name of Contributor Thvressie Hamilton					Registration Number, if PAC		
Street Address 191 Harbinger Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 3	D 1 0	Y 1 4	Amount 4.55	
Full Name of Contributor Micaela Flores					Registration Number, if PAC		
Street Address 3816 Potomac Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 3	D 1 0	Y 1 4	Amount 4.55	
Full Name of Contributor Ryan Grashel					Registration Number, if PAC		
Street Address 467 Elm Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 3	D 1 0	Y 1 4	Amount 4.55	
Full Name of Contributor Avanna Williams					Registration Number, if PAC		
Street Address 3811 Pendent Lance		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43207	M 0 3	D 1 0	Y 1 4	Amount 4.55	
Full Name of Contributor Erika Smith					Registration Number, if PAC		
Street Address 445 Crestmoore Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 3	D 1 1	Y 1 4	Amount 4.55	

* 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)]