

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>							
Full Name of Contributor <b>Joyce Lifer Disharoon</b>					Registration Number, if PAC		
Street Address <b>3305 Cinn-Zanesville Rd. SW</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Lancaster</b>	State <b>O   H</b>	Zip Code <b>43130</b>	M <b>0   5</b>	D <b>0   1</b>	Y <b>1   3</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Scott, Scriven, &amp; Wahoff LLP</b>					Registration Number, if PAC		
Street Address <b>50 W. Broad St. Ste 2500</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   5</b>	D <b>0   1</b>	Y <b>1   3</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Rich &amp; Gillis Law Group LLC</b>					Registration Number, if PAC		
Street Address <b>6400 Riverside Dr Ste D</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0   5</b>	D <b>0   0</b>	Y <b>1   3</b>	Amount <b>1,000.00</b>	
Full Name of Contributor <b>Information Design Inc</b>					Registration Number, if PAC		
Street Address <b>4055 Executive Park Dr Ste 400</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cincinnati</b>	State <b>O   H</b>	Zip Code <b>45241</b>	M <b>0   5</b>	D <b>0   7</b>	Y <b>1   3</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Bonnie Schaad</b>					Registration Number, if PAC		
Street Address <b>1381 Climbing Fig Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Blacklick</b>	State <b>O   H</b>	Zip Code <b>43004</b>	M <b>0   5</b>	D <b>1   4</b>	Y <b>1   3</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Gallagher Benefit Services, Inc.</b>					Registration Number, if PAC		
Street Address <b>Two Pierce Place</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Itasca</b>	State <b>I   L</b>	Zip Code <b>60143</b>	M <b>0   5</b>	D <b>1   4</b>	Y <b>1   3</b>	Amount <b>1,000.00</b>	
Full Name of Contributor <b>Bricker &amp; Eckler LLP</b>					Registration Number, if PAC		
Street Address <b>100 S Third St.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   5</b>	D <b>1   6</b>	Y <b>1   3</b>	Amount <b>1,150.00</b>	
Full Name of Contributor <b>Huntington National Bank</b>					Registration Number, if PAC		
Street Address <b>PO Box 1558</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43219</b>	M <b>0   5</b>	D <b>2   4</b>	Y <b>1   3</b>	Amount <b>2,500.00</b>	

\* 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)]