31-A
R.C. 3517.10

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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							**Registration Number, if PAC**	
Janis Imwalle								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
690 Waybaugh Dr							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Gahanna	O | H	43230	0|6	2|8	1|3		5.00	
Full Name of Contributor							**Registration Number, if PAC**	
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|6	2|8	1|3		11.00	
Full Name of Contributor							**Registration Number, if PAC**	
Deborah Lefever								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
116 Bellefield Ave							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Westerville	O | H	43081	0|6	2|8	1|3		5.00	
Full Name of Contributor							**Registration Number, if PAC**	
Veronica Leport								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
3418 London Lancaster Rd							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Groveport	O | H	43125	0|6	2|8	1|3		5.00	
Full Name of Contributor							**Registration Number, if PAC**	
Lindsey Malacos								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1068 1/2 Mt. Pleasant Ave							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	O | H	43201	0|6	2|8	1|3		3.00	
Full Name of Contributor							**Registration Number, if PAC**	
Amie Marburger								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
170 Green Ave							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Groveport	O | H	43125	0|6	2|8	1|3		5.00	
Full Name of Contributor							**Registration Number, if PAC**	
Susan Moore								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5075 Cherry Blossom Dr	Groveport Madison LSD/Superintendent						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Groveport	O | H	43125	0|6	2|8	1|3		6.00	
Full Name of Contributor							**Registration Number, if PAC**	
Andrea Murphy								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
145 E Waterloo St							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Canal Winchester	O | H	43110	0|6	2|8	1|3		7.00	

* 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 $ 47.00