

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                                                    |                       |                                         |                   |                   |                                          |                        |  |
|------------------------------------------------------------------------------------|-----------------------|-----------------------------------------|-------------------|-------------------|------------------------------------------|------------------------|--|
| Name of Committee in Full<br><b>Groveport Madison Committee For Better Schools</b> |                       |                                         |                   |                   |                                          |                        |  |
| Full Name of Contributor<br><b>Amy Jones</b>                                       |                       |                                         |                   |                   | Registration Number, if PAC              |                        |  |
| Street Address<br><b>8455 Amarillo Dr</b>                                          |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                        |  |
| City<br><b>Blacklick</b>                                                           | State<br><b>O   H</b> | Zip Code<br><b>43004</b>                | M<br><b>0   5</b> | D<br><b>0   7</b> | Y<br><b>1   3</b>                        | Amount<br><b>11.00</b> |  |
| Full Name of Contributor                                                           |                       |                                         |                   |                   | Registration Number, if PAC              |                        |  |
| Street Address                                                                     |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)                 |                        |  |
| City                                                                               | State                 | Zip Code                                | M                 | D                 | Y                                        | Amount                 |  |
|                                                                                    |                       |                                         |                   |                   |                                          |                        |  |
| Full Name of Contributor                                                           |                       |                                         |                   |                   | Registration Number, if PAC              |                        |  |
| Street Address                                                                     |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)                 |                        |  |
| City                                                                               | State                 | Zip Code                                | M                 | D                 | Y                                        | Amount                 |  |
|                                                                                    |                       |                                         |                   |                   |                                          |                        |  |
| Full Name of Contributor<br><b>Deborah Lefever</b>                                 |                       |                                         |                   |                   | Registration Number, if PAC              |                        |  |
| Street Address<br><b>116 Bellefield Ave</b>                                        |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                        |  |
| City<br><b>Westerville</b>                                                         | State<br><b>O   H</b> | Zip Code<br><b>43081</b>                | M<br><b>0   5</b> | D<br><b>0   7</b> | Y<br><b>1   3</b>                        | Amount<br><b>5.00</b>  |  |
| Full Name of Contributor<br><b>Veronica Leport</b>                                 |                       |                                         |                   |                   | Registration Number, if PAC              |                        |  |
| Street Address<br><b>3418 London Lancaster Rd</b>                                  |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                        |  |
| City<br><b>Groveport</b>                                                           | State<br><b>O   H</b> | Zip Code<br><b>43125</b>                | M<br><b>0   5</b> | D<br><b>0   7</b> | Y<br><b>1   3</b>                        | Amount<br><b>5.00</b>  |  |
| Full Name of Contributor<br><b>Lindsey Malacos</b>                                 |                       |                                         |                   |                   | Registration Number, if PAC              |                        |  |
| Street Address<br><b>1068 1/2 Mt. Pleasant Ave.</b>                                |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                        |  |
| City<br><b>Columbus</b>                                                            | State<br><b>O   H</b> | Zip Code<br><b>43201</b>                | M<br><b>0   5</b> | D<br><b>0   7</b> | Y<br><b>1   3</b>                        | Amount<br><b>3.00</b>  |  |
| Full Name of Contributor<br><b>Amie Marburger</b>                                  |                       |                                         |                   |                   | Registration Number, if PAC              |                        |  |
| Street Address<br><b>170 Green Ave</b>                                             |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                        |  |
| City<br><b>Groveport</b>                                                           | State<br><b>O   H</b> | Zip Code<br><b>43125</b>                | M<br><b>0   5</b> | D<br><b>0   7</b> | Y<br><b>1   3</b>                        | Amount<br><b>5.00</b>  |  |
| Full Name of Contributor                                                           |                       |                                         |                   |                   | Registration Number, if PAC              |                        |  |
| Street Address                                                                     |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)                 |                        |  |
| City                                                                               | State                 | Zip Code                                | M                 | D                 | Y                                        | Amount                 |  |
|                                                                                    |                       |                                         |                   |                   |                                          |                        |  |

\* 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)]