31-A
R.C. 3517.10



# 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 | |
| Wendy Frisbee | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 5287 Valley Forge St | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Orient | OH | 43146 | 11 | 03 | 08 | | 10.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Cynthia Goral | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 73 W Twin Maple | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Lithopolis | OH | 43136 | 11 | 03 | 08 | | 150.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Lori Hitsman | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 320 Sheryl Dr | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Pickerington | OH | 43147 | 11 | 03 | 08 | | 20.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Tina Isaly | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 5721 Venison Way | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Groveport | OH | 43125 | 11 | 03 | 08 | | 10.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Jennifer Jahn | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 1503 Runaway Bay | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Columbus | OH | 43204 | 11 | 03 | 08 | | 20.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Vicki Keck | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 5301 Princeton Lane | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Groveport | OH | 43125 | 11 | 03 | 08 | | 50.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Colleen Kehoe Conn | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 158 E Longview Ave | | | | | | | 15.00 | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Columbus | OH | 43202 | 11 | 03 | 08 | | 25.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Alicia Keiber | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 7710 Blackburn CT | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Reynoldsburg | OH | 43068 | 11 | 03 | 08 | | 20.00 | |

* 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 $ 305.00