

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 Jane Deckard						Registration Number, if PAC							
Street Address 3808 Laguna Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Columbus		State O H		Zip Code 43232		M 1 0		D 0 3		Y 0 8		Amount 20.00	
Full Name of Contributor Dione Allen						Registration Number, if PAC							
Street Address 6485 Nottinghill Trail Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Canal Winchester		State O H		Zip Code 43110		M 1 0		D 0 3		Y 0 8		Amount 10.00	
Full Name of Contributor Sandy McCain						Registration Number, if PAC							
Street Address 12589 National Rd SW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Pataskala		State O H		Zip Code 43062		M 1 0		D 0 3		Y 0 8		Amount 50.00	
Full Name of Contributor Susan Briggs						Registration Number, if PAC							
Street Address 6330 Legends CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Westerville		State O H		Zip Code 43082		M 1 0		D 0 3		Y 0 8		Amount 100.00	
Full Name of Contributor Kara Cunningham						Registration Number, if PAC							
Street Address 4878 Dameuly Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Hilliard		State O H		Zip Code 43026		M 1 0		D 0 3		Y 0 8		Amount 25.00	
Full Name of Contributor Barbara Wheeler						Registration Number, if PAC							
Street Address 5486 Thorney Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Hilliard		State O H		Zip Code 43026		M 1 0		D 0 3		Y 0 8		Amount 50.00	
Full Name of Contributor Suzanne Dietrich						Registration Number, if PAC							
Street Address 8813 Ormiston Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Reynoldsburg		State O H		Zip Code 43068		M 1 0		D 0 3		Y 0 8		Amount 20.00	
Full Name of Contributor Teresa Malloy						Registration Number, if PAC							
Street Address 139 Cleveland Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Lancaster		State O H		Zip Code 43130		M 1 0		D 0 3		Y 0 8		Amount 25.00	

* 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 \$ 300.00