| Page 6 |
|--------|
|--------|

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| C | | | | | | | |
|---|---|-------------------------------|------------|----------------------------|--|-----------------|-----------------|
| Name of Committee in Full | 1 C -1 1 | | | | | | |
| Groveport Madison Committee for Better Schools | | | | | | | |
| 1 | | | | egistration Number, if PAC | | | |
| Stephen Petros | Ir o | and the first of the first of | | | | F (C) C | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | | Form (Cash. Che | ck. etc.) |
| Rural Route 1 Box 613 | | Terrico d | T 14 | | | Check | |
| City Sugar Grove | State O H | Zip Code 43155 | м 013 | D 2 7 | Y 1 4 | Amount | 100.00 |
| Full Name of Contributor | 10111 | 1 43133 | | _ | | <u> </u> | 100.00 |
| Full Name of Contributor Groveport Youth Athletic Association Registration Number. if PAC | | | | | | | |
| Street Address | Employer/Occur | ation/Labor Organization* | Ь | _ | | Form (Cash, Che | ck etc.) |
| PO Box 27 | | and or Employ | | | | Check | ck. ctc.) |
| City | State | Zip Code | Тм | ΙĎ | Y | Amount | |
| Groveport | OIH | 43125 | 013 | 1 | I | | 250.00 |
| Full Name of Contributor | 101 | 1 43123 | | | ber. if PA | C | 230.00 |
| Groveport Elementary PTO | | | | | | - | |
| Street Address | Employer/Occup | ation/Labor Organization* | <u> </u> | | - | Form (Cash. Che | ck. etc.) |
| 715 Main Street | 1 | · | | | | Check | |
| Сіту | State | Zip Code | M | D | Y | Amount | |
| Groveport | ОТН | 43125 | 013 | 210 | 1 4 | | 312.00 |
| Full Name of Contributor | <u>, </u> | | | | ber, if PA | .c | 51 2. 00 |
| Groveport Madison Athletic Boosters | | | | | | | |
| Street Address | | | | | | | ck. etc.) |
| PO Box 128 | | | | | Check | | |
| City | State | Zip Code | M | D | Y | Amount | - |
| Groveport | O H | 43125 | 013 | 215 | 1 4 | | 312.00 |
| Full Name of Contributor | | | Registra | tion Num | ber. if PA | c | |
| Susan Moore | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash. Check. etc.) | | | |
| 5075 Cherry Blossom Drive | | | | | | Check | |
| City | State | Zip Code | М | D | Y | Amount | |
| Groveport | ОН | 43125 | 013 | 1 4 | 1 4 | | 3.00 |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | c – | _ |
| April Bray | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash. Check, etc.) | | | |
| 416 Sernade Street | <u> </u> | _ | , | | | Check | |
| City | State | Zip Code | M . | D | Y | Amount | |
| Revnoldsburg | 0 H | 43068 | | | 1 4 | | 5.50 |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | С | |
| Matthew DeCastro | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash. Check. etc.) | | | |
| 3860 Chestnut Ridge Loop | 5 | Te:- c-1. | 1 | _ <u> </u> | I v | Check | |
| l · | State H | Zip Code | M | D OLT | Y | Amount | =0.00 |
| Columbus Full Name of Contributor | O H | 43230 | 0 3 | | 1 4 | C. | 50.00 |
| | | | | | | | |
| Tricia Faulkner eet Address Employer/Occupation/Labor Organization* Form (Cash. Check. etc.) | | | | | | -l- atr i | |
| 10430 Marcy Road | етроуетоссирановисают отданизация | | | Check | | | |
| City ROAG | State | Zip Code | T M | D | Y | Amount | |
| Canal Winchester | OH | 43110 | 013 | I | $\begin{vmatrix} \cdot \\ 1 & 4 \end{vmatrix}$ | | 20.00 |
| Cariar vynichester | 1 0 1 11 | 1 40110 | 1013 | 141/ | T i # | <u> </u> | ∠U.UU |

| Page | Total \$ | 1,052,50 |
|------|----------|----------|

^{*} 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)]