

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee for Better Schools</b>							
Full Name of Contributor <b>Stephen Petros</b>						Registration Number, if PAC	
Street Address <b>Rural Route 1 Box 613</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Sugar Grove</b>			State <b>O   H</b>	Zip Code <b>43155</b>	M <b>0</b>	D <b>3</b>	Y <b>2   7   1   4</b>
						Amount <b>100.00</b>	
Full Name of Contributor <b>Groveport Youth Athletic Association</b>						Registration Number, if PAC	
Street Address <b>PO Box 27</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>			State <b>O   H</b>	Zip Code <b>43125</b>	M <b>0</b>	D <b>3</b>	Y <b>2   5   1   4</b>
						Amount <b>250.00</b>	
Full Name of Contributor <b>Groveport Elementary PTO</b>						Registration Number, if PAC	
Street Address <b>715 Main Street</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>			State <b>O   H</b>	Zip Code <b>43125</b>	M <b>0</b>	D <b>3</b>	Y <b>2   0   1   4</b>
						Amount <b>312.00</b>	
Full Name of Contributor <b>Groveport Madison Athletic Boosters</b>						Registration Number, if PAC	
Street Address <b>PO Box 128</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>			State <b>O   H</b>	Zip Code <b>43125</b>	M <b>0</b>	D <b>3</b>	Y <b>2   5   1   4</b>
						Amount <b>312.00</b>	
Full Name of Contributor <b>Susan Moore</b>						Registration Number, if PAC	
Street Address <b>5075 Cherry Blossom Drive</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>			State <b>O   H</b>	Zip Code <b>43125</b>	M <b>0</b>	D <b>3</b>	Y <b>1   4   1   4</b>
						Amount <b>3.00</b>	
Full Name of Contributor <b>April Bray</b>						Registration Number, if PAC	
Street Address <b>416 Sernade Street</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>			State <b>O   H</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>3</b>	Y <b>2   7   1   4</b>
						Amount <b>5.50</b>	
Full Name of Contributor <b>Matthew DeCastro</b>						Registration Number, if PAC	
Street Address <b>3860 Chestnut Ridge Loop</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>			State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>3</b>	Y <b>2   7   1   4</b>
						Amount <b>50.00</b>	
Full Name of Contributor <b>Tricia Faulkner</b>						Registration Number, if PAC	
Street Address <b>10430 Marcy Road</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>			State <b>O   H</b>	Zip Code <b>43110</b>	M <b>0</b>	D <b>3</b>	Y <b>2   7   1   4</b>
						Amount <b>20.00</b>	

\* 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)]