Page 6

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Groveport Madison Committee Fo	or Better School	S						
Full Name of Contributor				gistration Number, if PAC				
Jane Curry								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
10820 Edgewood Dr.						Check		
City	State	Zip Code	M	D	Y	Amount		
Dublin	O H	43017	1 0	2 0	$1 \mid 0$		100.00	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registra	tion Num	ber, if PA	С		
Mary Bowser								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash. Check, etc.)			
7788 Tokatee Drive						Check		
City	State	Zip Code	М	D	Y	Amount		
Pickerington	O H	43147	1 0	2 0	1 0		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	• •	
Mary Tedrow								
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)		
6260 Lithopolis Rd.							Check	
City	State	Zip Code	М	D	Y	Amount		
Groveport	O H	43125	1 0	2 0	1 0		250.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Brooke Hippler			1					
Street Address	Employer/Occup	nation/Labor Organization*				Form (Cash, Ch	ieck, etc.)	
7300 Crossett Ct						Check		
City	State	Zip Code	M	D	Y	Amount		
Canal Winchester	O H	43110	1110	2 0	1 0		50.00	
Full Name of Contributor		<u>- I </u>		tion Num		.C		
David Lanning								
Street Address	Employer/Occup	nation/Labor Organization*				Form (Cash, Cl	neck, etc.)	
5375 Reading Township Rd.						Check		
City	State	Zip Code	М	D	Y	Amount		
Somerset	ОТН	43783	1 0	2 0	1 0		100.00	
Full Name of Contributor				tion Num		.C		
Judith Eisel			1					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch	neck, etc.)		
5736 Mist Flower Lane						Check	•	
City	State	Zip Code	M	D	Y	Amount		
Westerville	O H	43082	1 0	2 0	1 0		100.00	
Full Name of Contributor		10002	_	tion Num		i.C	100.00	
Susan Briggs			ľ					
Street Address	Employer/Occus	oation/Labor Organization*				Form (Cash, Cl	neck. etc.)	
6330 Legends Ct					Check	ŕ		
City	State	Zip Code	М	D	Y	Amount		
Westerville	0 H	43082	1 0	1 .	1 0		200.00	
Full Name of Contributor		10002		tion Num		.C	200.00	
Melody Blake			1.08.0					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
67 Bohyer Ave	Employeroccu	Parote Parot. O. Pariterion				(545/1, 61	, •.•.,	
City	State	Zip Code	М	D	Y	Amount		
Pataskala	O H	43062	1 0	1 .	l .		50.00	
i ataskaia	0 11	1 40004	1110	<u> 1410</u>	TIO	L	50.00	

* 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 \$	950.00