

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 Lori Ludwig						Registration Number, if PAC							
Street Address 5924 Dunheath Loop			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Dublin		State O H		Zip Code 43016		M 0		D 4		Y 1 6 1 9		Amount 100.00	
Full Name of Contributor Sharon Esswein						Registration Number, if PAC							
Street Address 6051 Coventry Hurst Ln			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Hilliard		State O H		Zip Code 43026		M 0		D 4		Y 2 2 1 9		Amount 100.00	
Full Name of Contributor Elaine B. Lawless						Registration Number, if PAC							
Street Address 4145 Bowmansroot Ct			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Hilliard		State O H		Zip Code 43026		M 0		D 4		Y 1 0 1 9		Amount 100.00	
Full Name of Contributor Works International						Registration Number, if PAC							
Street Address 3825 Edwards Rd, Ste 400			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Cincinnati		State O H		Zip Code 45209		M 0		D 4		Y 2 2 1 9		Amount 250.00	
Full Name of Contributor Fire Systems Professionals						Registration Number, if PAC							
Street Address P.O. Box 491			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Grove City		State O H		Zip Code 43123		M 0		D 5		Y 0 6 1 9		Amount 500.00	
Full Name of Contributor Electrical Service Professionals, Inc						Registration Number, if PAC							
Street Address P.O. Box 243			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Grove City		State O H		Zip Code 43123		M 0		D 5		Y 0 6 1 9		Amount 500.00	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	

* 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 \$ 1,550.00