31-	A	
R.C.	351	7.10

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Groveport Madison Committee F	or Better Schools					
Full Name of Contributor Brent Bohman			Registration Number, if F	AC		
Street Address 4998 Gilwood Dr	Employer/Occup	nation/Labor Organization		Form (Cash, Check, etc.) check		
City Hilliard	State OH	Zip Code 43026	0 7 3 0 1 3	Amount \$3.00		
Full Name of Contributor April Bray	Registration Number, if PAC					
Street Address 416 Semade St	Employer/Occup	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check		
City Reynoldsburg	State OH	Zip Code 43068	0 7 3 0 1 3	Amount \$5.00		
Full Name of Contributor Sarah Bright Registration Number, if PAC						
Street Address 3890 Mulryan Dr	Employer/Occup	oation/Labor Organization		Form (Cash, Check, etc.) check		
City Dublin	State OH,	Zip Code 43016	$\begin{bmatrix} M \\ 0 \end{bmatrix} 7 \begin{bmatrix} D \\ 3 \end{bmatrix} 0 \begin{bmatrix} 1 \\ 3 \end{bmatrix} 3$	Amount \$5.00		
Full Name of Contributor Susan Burnett Registration Number, if PAC						
Street Address 4651 Sperry Ave	Employer/Occup	nation/Labor Organization		Form (Cash, Check, etc.) check		
City Gahanna	State OH	Zip Code 43230	M D Y 3 0 1 3	Amount \$5.00		
Full Name of Contributor Ryan Cieply			Registration Number, if I	PAC		
Street Address 11403 Meadowcroft St	Employer/Occup	pation/Labor Organization		Form (Cash, Check, etc.) check		
City Pickerington	State OH.	Zip Code 43147	$\begin{bmatrix} 0 & 7 & 3 & 0 & 1 & 3 \end{bmatrix}$	Amount \$5.00		
Full Name of Contributor Registration Number, if P						
Street Address 4997 Birch Grove Dr	Employer/Occup	nation/Labor Organization		Form (Cash, Check, etc.) check		
City Groveport	State OH	Zip Code 43125	M D Y ₁	Amount \$5.00		
Full Name of Contributor Registration Number, if P Deanna Clinger						
Street Address 5133 Phillips Run	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) check		
City Canal Winchester	State OH	Zip Code 43110	M D Y 0 7 3 0 1 3	Amount \$20.00		
Full Name of Coatributor Dorethia Copas			Registration Number, if I			
Street Address 128 Leasure Dr	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check		
City Pickerington	State OH	Zip Code 43147	M D Y 3 0 1 3	Amount \$20.00		

Page Total \$68.00

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 also appear. [R.C. 3517.10(B)(4)]