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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	<u> </u>					
Name of Committee in Full						
Groveport Madison Committee	For Better School	S	- In			
Full Name of Contributor			Registration Nu	Registration Number, if PAC		
Street Address	Employer/Occup	pation/Labor Organization*			Form (Cash, Check, etc	c.)
City	State	Zip Code	M D	Y	Amount .	
Full Name of Contributor			Registration Nu	mber, if PA	VC	
Susan Moore						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.	c.)
5075 Cherry Blossom Dr					Check	
City	State	Zip Code	M D	Y	Amount	
Groveport	OH	43125	0 5 0 7			6.00
Full Name of Contributor			Registration Nu	mber, if P	AC	
Andrea Murphy						
Street Address	Employer/Occup	pation/Labor Organization*			Form (Cash, Check, etc	c.)
145 E Waterloo St		T		-T"	Check	
City	State	Zip Code	M D	_ _Y	Amount	
Canal Winchester	O H	43110	0 5 0 7		<u> </u>	7.00
Full Name of Contributor			Registration Nu	mber, if P	AC	
Molly Naish	lr 1 6				Ic (0) c	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc	c.)
842 Menarda Pl	6	7:- C-1-		1 1	Check	
City	State	Zip Code	M D	Y	Amount	- 00
Revnoldsburg Full Name of Contributor	O H	43068	0 5 0 7			5.00
i e			Registration Nu	mber, 11 PA	AC.	
Amy Novar Street Address	Employer/Ocean	pation/Labor Organization*			Form (Cash, Check, etc.	a)
8617 Robbins Loop Dr	Employenoccuj	pations bacon Organization			Check	c.j
City	State	Zip Code	M D	ΤΥ	Amount	
Reynoldsburg	OH	43068	015 017	I .		5.00
Fuli Name of Contributor	101	1 40000	Registration Nu			5.00
Tan France of Commonton			registration re	mou, n i	10	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
•						
City	State	Zip Code	M D	Y	Amount	
				_		
Full Name of Contributor		•	Registration Nu	mber, if Pa	AC	
Rebecca Pharo						
Street Address	Employer/Occupation/Labor Organization*		-		Form (Cash, Check, et	.c.)
893 Harbinger Circle E					Check	
City	State	Zip Code	M D	Y	Amount	
Groveport	O H	43125	0 5 0 7		<u> </u>	5.00
Full Name of Contributor			Registration Nu	mber, if Pa	AC	
Rebecca Prorok						
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
376 E Stanton Ave	Stole Tie Code		Check			
Columbus	State	Zip Code	MD	Y	Amount	- 00
Required for contributions from individuals over \$100 to states		43214	0 5 0 7		a name of the	5.00

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 \$	33.00