

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 McGill Development Corp.					Registration Number, if PAC		
Street Address 1 Mission Park		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 3	D 1 8	Y 1 4	Amount 150.00	
Full Name of Contributor Catherine Zech					Registration Number, if PAC		
Street Address 5085 Cherry Blossom Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 3	D 2 0	Y 1 4	Amount 10.00	
Full Name of Contributor Robert Rains, Jr.					Registration Number, if PAC		
Street Address 545 Heron Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Galloway	State O H	Zip Code 43119	M 0 3	D 1 5	Y 1 4	Amount 325.00	
Full Name of Contributor Linda Strong					Registration Number, if PAC		
Street Address 2165 Wesleyan Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 3	D 2 1	Y 1 4	Amount 150.00	
Full Name of Contributor Thomas and Melanie Sporleder					Registration Number, if PAC		
Street Address 230 East Main Street		Employer/Occupation/Labor Organization* Sporleder & Associates, LLC			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 3	D 2 1	Y 1 4	Amount 100.00	
Full Name of Contributor Steven Ulrey; President					Registration Number, if PAC		
Street Address 3967-F Presidential Parkway		Employer/Occupation/Labor Organization* Ulrey Foods, Inc.			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 0 3	D 2 0	Y 1 4	Amount 1,000.00	
Full Name of Contributor Mark Leatherwood and David Skomorowski					Registration Number, if PAC		
Street Address 184 West Main Street		Employer/Occupation/Labor Organization* L W Associates, Inc.			Form (Cash, Check, etc.) Check		
City Ashville	State O H	Zip Code 43108	M 0 3	D 2 3	Y 1 4	Amount 500.00	
Full Name of Contributor Maria McGraw					Registration Number, if PAC		
Street Address 468 Crestmoore Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 3	D 2 8	Y 1 4	Amount 15.00	

* 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)]