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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						-	
Groveport Madison Committee For Be	etter Schoo	ls					
Full Name of Contributor			Registra	nion Num	ber, if PA	vC	_
Christy Smith							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check,	etc.)
4207 Blue Bonnet Ct						Check	
City	State	Zip Code	М	D	Y	Amount	
Westerville	OIH	43081	0 6	2 8	1 3		3.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Jim Sullivan							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
171 Meadow Ridge Ct						Check	
City	State	Zip Code	М	D	Y	Amount	
Powell	O H	43065	0 6	218			20.00
Full Name of Contributor			Registra	ttion Num	iber, if PA	vC	
Corey Sweat	_						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check,	etc.)
3010 Schwartz Rd					,	Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43232	0 6			<u> </u>	3.00
Full Name of Contributor			Registra	tion Num	ber, if PA	ıC	
Aric Thomas						In	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1342 Halfhill Way		Te: 0.1	1	T 5	1 12	Check	
City	State	Zip Code	M	D	Y	Amount	11.00
Columbus	OIH	43207	0 6	_		<u> </u>	11. <u>00</u>
Full Name of Contributor Registration Number, if PAC							
Karen Tolone	Jr1/0					Form (Cash, Check,	eta)
Street Address	Employer/Occu	pation/Labor Organization*				Check	eic.j
3722 Kellen N Dr	State	Zip Code	Тм	D	Y	Amount	
City		43230		218		Ailouii	5.00
Gahanna Full Name of Contributor	OH	43230		•	ber, if PA	<u>.</u>	5.00_
•			Kegisaa	mon rom	1001, 11 17		
Ann Underwood	Employer/Occu	pation/Labor Organization*				Form (Cash, Check,	etc.)
Street Address	Lanpidyerrocco	panon Daoor Organization				Check	,
3512 Harrowgate Ct City	State	Zip Code	М	D	Y	Amount	
Columbus	O H				1 3		5.00
Full Name of Contributor	101	45220			ber, if PA		0.00
Marie Wells			ľ				
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check,	etc.)
902 Lands End Circle	Groveport Madison LSD/Superintendent			Check	•		
City	State	Zip Code	M	D	Ý	Amount	
Pickerington	о н	l l	016	218	1 3		5.00
Full Name of Contributor	19	1011.			iber, if PA	VC	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
		-					
City	State	Zip Code	М	D	Y	Amount	
<u> </u>	1 1		1				
equired for contributions from individuals over \$100 to statewide and re		P. L 16 3 1 16 .	4.		: d sk		. — —

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 \$	52.00