

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 Linda Trout					Registration Number, if PAC		
Street Address 4875 Bixby Rd.		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 3	Amount 25.00	
Full Name of Contributor Christina Drake					Registration Number, if PAC		
Street Address 5281 Franklin Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Orient	State O H	Zip Code 43146	M 0 3	D 2 0	Y 1 3	Amount 40.00	
Full Name of Contributor Elizabeth Stevenson					Registration Number, if PAC		
Street Address 118 Gayle Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0 3	D 2 0	Y 1 3	Amount 30.00	
Full Name of Contributor Megan Deister					Registration Number, if PAC		
Street Address 746 Chelsea Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexlev	State O H	Zip Code 43209	M 0 3	D 2 0	Y 1 3	Amount 25.00	
Full Name of Contributor Teresa Hoffman					Registration Number, if PAC		
Street Address 4888 Haves Rd.		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 3	Amount 25.00	
Full Name of Contributor Nancy Christensen					Registration Number, if PAC		
Street Address 533 Bridgeford Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0 3	D 2 0	Y 1 3	Amount 50.00	
Full Name of Contributor Deborah Maritzel					Registration Number, if PAC		
Street Address 1029 Reece Ridge Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 0	Y 1 3	Amount 25.00	
Full Name of Contributor Melvina Bina					Registration Number, if PAC		
Street Address 2624 Steiner House		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43219	M 0 3	D 2 0	Y 1 3	Amount 20.00	

* 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)]