

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 Rebecca Harp						Registration Number, if PAC						
Street Address 3679 Alpena Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Columbus		State O H		Zip Code 43232		M 0 3		D 1 7		Y 1 4		Amount 4.55
Full Name of Contributor Emily Whiting						Registration Number, if PAC						
Street Address 3019 Hubbardton Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Reynoldsburg		State O H		Zip Code 43068		M 0 3		D 1 7		Y 1 4		Amount 4.55
Full Name of Contributor Shannon Patel						Registration Number, if PAC						
Street Address 6156 Kensington Glen Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Canal Winchester		State O H		Zip Code 43110		M 0 3		D 1 8		Y 1 4		Amount 4.55
Full Name of Contributor Jodi Coleman						Registration Number, if PAC						
Street Address 4300 Weaver Parkway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Warrenville		State I L		Zip Code 60555		M 0 3		D 1 8		Y 1 4		Amount 96.80
Full Name of Contributor Jeannie Henkel						Registration Number, if PAC						
Street Address 6303 Lithopolis Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Groveport		State O H		Zip Code 43125		M 0 3		D 1 8		Y 1 4		Amount 9.41
Full Name of Contributor Teresa Hoffman						Registration Number, if PAC						
Street Address 4888 Haves Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Groveport		State O H		Zip Code 43125		M 0 3		D 2 0		Y 1 4		Amount 23.97
Full Name of Contributor Tinna DeMatteo						Registration Number, if PAC						
Street Address 5266 Knight Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Groveport		State O H		Zip Code 43125		M 0 3		D 2 4		Y 1 4		Amount 4.55
Full Name of Contributor Kelly McElravey						Registration Number, if PAC						
Street Address 4054 Walnut Crossing Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Groveport		State O H		Zip Code 43125		M 0 3		D 2 7		Y 1 4		Amount 4.55

* 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)]