

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 Monique Hamilton					Registration Number, if PAC		
Street Address 13967 Bainwick Drive NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0	D 3	Y 2	Amount 5.50	
Full Name of Contributor Bruce Hoover					Registration Number, if PAC		
Street Address 3065 Roval Dornoch Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 0	D 3	Y 2	Amount 34.67	
Full Name of Contributor Susan Moore					Registration Number, if PAC		
Street Address 5075 Cherry Blossom Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0	D 3	Y 2	Amount 3.00	
Full Name of Contributor Asbury PTO					Registration Number, if PAC		
Street Address 5127 Harbor Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43232	M 0	D 3	Y 2	Amount 250.00	
Full Name of Contributor Rich & Gillis Law Group, LLC					Registration Number, if PAC		
Street Address 6400 Riverside Dr Suite D		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 3	Y 2	Amount 1,000.00	
Full Name of Contributor Groveport Madison Junior High PTO					Registration Number, if PAC		
Street Address 751 Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0	D 4	Y 0	Amount 312.00	
Full Name of Contributor Groveport Madison Local Education Association					Registration Number, if PAC		
Street Address 139 Cleveland Avenue		Employer/Occupation/Labor Organization* Labor Organization			Form (Cash, Check, etc.) Check		
City Lancaster	State O H	Zip Code 43130	M 0	D 4	Y 0	Amount 5,000.00	
Full Name of Contributor The Paper Barn					Registration Number, if PAC		
Street Address 4855-1 Hendron Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0	D 3	Y 3	Amount 250.00	

* 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)]