Dono	15
Fage	13

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		_					
Groveport Madison Committe	ee For Better Schoo	ls					
Full Name of Contributor			Registra	tion Num	ber, if PA	vC	
Wendy Estep							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
3526 Braidwood Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	O   H	43026		0 3			5.00
Full Name of Contributor			Registra	tion Num	ber, if PA	/C	-
Doug Ewart							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
235 Kramer St						Check	
City	State	Zip Code	М	D	Y	Amount	_
Canal Winchester	O   H	43110	016	0 3	1 3		3.00
Full Name of Contributor		<b>.</b>			ber, if PA	VC	
Tricia Faulkner							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
10430 Marcy Rd.						Check	
City	State	Zip Code	М	D	Y	Amount	
Canal Winchester	ОІН	43110	016	013	1113		11.00
Full Name of Contributor		10110			ber, if PA	AC .	11.00
Jennifer Freshly							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	eck etc.)
172 Cornell Ct		,				Check	oen, etc.)
City	State	Zip Code	М	D	Y	Amount	******
Westerville	OLH	43081		I .	1	Allouit	E 00
Full Name of Contributor	10   11	43001	0 6		ber, if PA		5.00
Lindsay Friel			Kegisua	don ivani	iber, ir i z	10	
Street Address	Employar/Osay	pation/Labor Organization*				Form (Cash, Che	t \
	Employer/Occu	panoibLabor Organization					eck, etc.)
152 Flint Ridge Dr	Curto	7:- C-1-	1.7	l n	Lv	Check	
	State H	Zip Code	M	D	Y	Amount	0.00
Gahanna	I O H	43230	0 6		_		3.00
Full Name of Contributor			Kegistra	tion Num	ber, if PA	(C	
Second Addition	F. 1						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)
lo:-		7: 6 (				ļ	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor					1 100	<u> </u>	
			Registra	tion Num	ber, if PA	AC .	
Jennifer Dodson	Ir i o					F	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
344 W Hubbard St		- In:				Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43125	016		1 3		3.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Brandy Grieves							
Street Address	Employer/Occupation/Labor Organization*		-	Form (Cash, Check, etc.)			
6754 Berend St						Check	
City	State	Zip Code	М	D	Y	Amount	
Worthington	O   H	43085	016	0 3	1 3	<u> </u>	7.00

• 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)]

Page Total \$	37.00				