

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 8149 Reynoldswood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 1 0	D 2 7	Y 1 0	Amount 90.00	
Full Name of Contributor April Bray					Registration Number, if PAC		
Street Address 416 Seranade St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 1 0	D 2 7	Y 1 0	Amount 50.00	
Full Name of Contributor Rita Furniss					Registration Number, if PAC		
Street Address 2972 Arrowsmith Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 1 0	D 2 7	Y 1 0	Amount 25.00	
Full Name of Contributor Bruce Hoover					Registration Number, if PAC		
Street Address 3065 Royal Dornuch Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Delaware	State O H	Zip Code 43015	M 1 0	D 2 7	Y 1 0	Amount 500.00	
Full Name of Contributor Petermann LTD					Registration Number, if PAC		
Street Address 8041 Hosbrook Rd Ste 330		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cincinnati	State O H	Zip Code 45236	M 1 1	D 0 9	Y 1 0	Amount 5,000.00	
Full Name of Contributor Dennis Harden					Registration Number, if PAC		
Street Address 2995 Diamondcut Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43231	M 1 1	D 0 4	Y 1 0	Amount 50.00	
Full Name of Contributor Gail Wright					Registration Number, if PAC		
Street Address 2585 Darling Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 1 1	D 0 4	Y 1 0	Amount 50.00	
Full Name of Contributor William Young					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pataskala	State O H	Zip Code 43062	M 1 1	D 0 4	Y 1 0	Amount 120.00	

* 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 \$ **5,885.00**