

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 Robert LeBlanc					Registration Number, if PAC		
Street Address 8310 Benson Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Carroll	State O H	Zip Code 43112	M 1	D 1	Y 0	Amount 20.00	
Full Name of Contributor Bryan Mayhew					Registration Number, if PAC		
Street Address 5802 Donovans Bluff		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43125	M 1	D 1	Y 0	Amount 10.00	
Full Name of Contributor Gayle McCreery					Registration Number, if PAC		
Street Address 2849 Basil Western Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Baltimore	State O H	Zip Code 43105	M 1	D 1	Y 0	Amount 25.00	
Full Name of Contributor Megan Merritt					Registration Number, if PAC		
Street Address 2879 Brookpark Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 1	D 1	Y 0	Amount 10.00	
Full Name of Contributor Kelley Mitchell					Registration Number, if PAC		
Street Address 10125 Wellington Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 1	D 1	Y 0	Amount 25.00	
Full Name of Contributor Jackie Moore					Registration Number, if PAC		
Street Address 9274 Southchester Dr NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 1	D 1	Y 0	Amount 20.00	
Full Name of Contributor Amy Novar					Registration Number, if PAC		
Street Address 5661 Trotters Trail		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) 15.00		
City Canal Winchester	State O H	Zip Code 43110	M 1	D 1	Y 0	Amount 30.00	
Full Name of Contributor Cynthia Pence					Registration Number, if PAC		
Street Address 665 Montmorency Dr E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 1	D 1	Y 0	Amount 25.00	

* 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 \$ 165.00