

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 Carolyn Bohnlein					Registration Number, if PAC		
Street Address 6320 Rossmore Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 1	D 0	Y 3	Amount 25.00	
Full Name of Contributor Kay Knode					Registration Number, if PAC		
Street Address 4435 Pickerington Rd NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Carroll	State O H	Zip Code 43112	M 1	D 0	Y 3	Amount 25.00	
Full Name of Contributor Nancy Christensen					Registration Number, if PAC		
Street Address 45 Highmeadows Village Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1	D 0	Y 3	Amount 25.00	
Full Name of Contributor M Elizabeth Stevenson					Registration Number, if PAC		
Street Address 118 Gayle Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 1	D 0	Y 3	Amount 14.75	
Full Name of Contributor Accurate Electric Construction Inc					Registration Number, if PAC		
Street Address 6901 Americana Parkway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor Groveport Madison Local Education Association					Registration Number, if PAC		
Street Address 6993 Britwell		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 1	D 0	Y 1	Amount 200.00	
Full Name of Contributor Linda Graves					Registration Number, if PAC		
Street Address 5210 Blair Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Tamara Evans					Registration Number, if PAC		
Street Address 301 Laurel Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pataskala	State O H	Zip Code 43062	M 1	D 0	Y 3	Amount 50.00	

* 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 \$ 489.75