

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 Tracy Soler						Registration Number, if PAC			
Street Address 5269 Sims Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 3	D 0 4	Y 1 4	Amount 96.80			
Full Name of Contributor Tracie Charles						Registration Number, if PAC			
Street Address 5096 Rutledge Dr North			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43232	M 0 3	D 0 4	Y 1 4	Amount 4.55			
Full Name of Contributor Meghan Hilligas						Registration Number, if PAC			
Street Address 2811 Legislate Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43207	M 0 3	D 0 5	Y 1 4	Amount 4.55			
Full Name of Contributor Gerard Krug						Registration Number, if PAC			
Street Address 2042 240th Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Lomita	State C A	Zip Code 90717	M 0 3	D 0 5	Y 1 4	Amount 19.12			
Full Name of Contributor LaDeana Whitesel						Registration Number, if PAC			
Street Address 191 Walnut Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 3	D 0 5	Y 1 4	Amount 9.41			
Full Name of Contributor Michelle Caldwell						Registration Number, if PAC			
Street Address 3038 Whitlow Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43232	M 0 3	D 0 5	Y 1 4	Amount 4.55			
Full Name of Contributor Lisa Barnes						Registration Number, if PAC			
Street Address 882 Main Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 3	D 0 6	Y 1 4	Amount 4.55			
Full Name of Contributor Jerry Buck						Registration Number, if PAC			
Street Address 5180 Old Groveport Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 3	D 0 7	Y 1 4	Amount 4.55			

* 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)(3))