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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	n C 1	,					
Groveport Madison Committee for Full Name of Contributor	Better Sci	nools		In .		1 140.	
				Registra	uon Num	ber, if PA	C
Tracy Soler Street Address	Ir	10					F (C.1.C.)
	Етрюуе	т/Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)
5269 Sims Road	-		7 6 1	1 14	I 5	1	Cash
Crayonant	Su	ate H	Zip Code	M	D	Y	Amount
Groveport Full Name of Contributor	[0	11	43125		0 4	$1 \mid 4$	96.80
				Registra	uon Num	ber. if PA	C
Tracie Charles Street Address	Irlaua	-(0	ning the Consider			_	r(C) (C)
	Embioke	Employer/Occupation/Labor Organization*				Form (Cash. Check. etc.)	
5096 Rutledge Dr North	S.,	ate	7:- C.4.	1	<u> </u>	l v	Cash
		ate H	Zip Code	M	D	Y	Amount
Columbus Full Name of Contributor	10	11	43232		0 4	1 4	4.55
				Registra	uon Num	ber, if PA	C
Meghan Hilligas Street Address	Ir	-10					E (6.1.0)
	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
2811 Legislate Drive			[a: c 1	T	1	r	Cash
· ·	Su	ate H	Zip Code	M	D	Y	Amount
Columbus Full Name of Contributor	0	11	43207	0 3		1 4	4.55
				Registra	tion Num	ber. if PA	C
Gerard Krug Street Address	[F1	-10					E
	Employe	r/Occupa	ation/Labor Organization*				Form (Cash. Check. etc.)
2042 240th Street			la: c t				<u>C</u> ash
I ·	St	A A	Zip Code	M	D .	Y	Amount
Lomita Full Name of Contributor		Λ	90717		0 5	1 4	19.12
Full Name of Contributor Registration Number, if PAC							
LaDeana Whitesel	let.	10	7.0	<u> </u>			<u> </u>
	Employe	поссира	ation/Labor Organization*				Form (Cash. Check. etc.)
191 Walnut Street			7. C. I.	1		1	Cash
I ~ _	Su O	H H	Zip Code	M	D	Y	Amount
Groveport Full Name of Contributor	101	11	43125	013		1 4	9.41
100							
Michelle Caldwell Street Address	Employe	-tOssum	rion// abos Ossosiastias*				Form (Cash, Check, etc.)
3038 Whitlow Road	Employer/Occupation/Labor Organization*				,		
City	Sta	ate	Zip Code	M	D	Y	Cash Amount
Columbus			43232			$1 \mid 4$	
Full Name of Contributor	101		1 43232			t 1 i i i i i i i i i i i i i i i i i i	
Lisa Barnes				Kegisua	uon Man	uci, ii FA	C
Street Address	Employe	riOccupa	ntion/Labor Organization*	Ь.		-	Form (Cash, Check, etc.)
882 Main Street	Eniploye	roccupa	ndon/Expor Organization				
City	Su	ata .	Zip Code	Txc	l n	Y	Cash
· _	0	Н	43125	M	016		Amount
Groveport Full Name of Contributor	10		<u> 43123</u>			ber, if PA	4.55
				resigna	uon muii	oci, u FA	
Jerry Buck Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
	Employe	woccupa	idon/Lator Organization*				
5180 Old Groveport Rd	Su	210	Zip Code	1 17	Ð	Y	Cash
1 ·	l .	це Н	· ·	M	ı		Amount
Groveport	0	1.1	43125	[0]3	017	1 4	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)(4)]

Page Total S	148.08