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	Registration Number, if PAC			
Nancy Gillespie				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
3970 Eastrise Drive				Check
City	State	Zip Code	M D Y	Amount
Groveport	OH	43125	07 02 12	35.00
Full Name of Contributor	Registration Number, if PAC			
Melody Blake				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
67 Bohyer Ave.				Check
City	State	Zip Code	M D Y	Amount
Pataskala	OH	43062	07 02 12	50.00
Full Name of Contributor	Registration Number, if PAC			
Waverly Wilkerson				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
5368 Victoria Street				Check
City	State	Zip Code	M D Y	Amount
Groveport	OH	43125	07 02 12	50.00
Full Name of Contributor	Registration Number, if PAC			
Teresa Hoffman				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
4888 Hayes Rd.				Check
City	State	Zip Code	M D Y	Amount
Groveport	OH	43125	07 02 12	75.00
Full Name of Contributor	Registration Number, if PAC			
Scott McKenzie				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
1814 Millwood Drive				Check
City	State	Zip Code	M D Y	Amount
Upper Arlington	OH	43221	07 10 12	500.00
Full Name of Contributor	Registration Number, if PAC			
Deanna Clinger				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
5133 Phillips Run				Check
City	State	Zip Code	M D Y	Amount
Canal Winchester	OH	43110	07 10 12	50.00
Full Name of Contributor	Registration Number, if PAC			
Jessica Burke				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
1520 W 6th Ave Apt 24				Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43212	07 10 12	10.00
Full Name of Contributor	Registration Number, if PAC			
Amy Wall				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
4860 Briargrove Dr.				
City	State	Zip Code	M D Y	Amount
Groveport	OH	43125	07 10 12	15.00

* 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 $ 785.00