

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 Maria McGraw					Registration Number, if PAC		
Street Address 468 Crestmoore Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 1	D 0 9	Y 1 4	Amount 200.00	
Full Name of Contributor Aimee Holloway					Registration Number, if PAC		
Street Address 448 Crestmoore Drive		Employer/Occupation/Labor Organization* GMLSD			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 1	D 0 9	Y 1 4	Amount 60.00	
Full Name of Contributor Susan Moore					Registration Number, if PAC		
Street Address 5075 Cherry Blossom Drive		Employer/Occupation/Labor Organization* GMLSD			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 1	D 0 9	Y 1 4	Amount 12.00	
Full Name of Contributor Lance Westcamp					Registration Number, if PAC		
Street Address 165 Center Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 2	D 0 5	Y 1 4	Amount 100.00	
Full Name of Contributor Todd Gray					Registration Number, if PAC		
Street Address 3980 Hendron Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 2	D 0 4	Y 1 4	Amount 150.00	
Full Name of Contributor Aimee Holloway					Registration Number, if PAC		
Street Address 448 Crestmoore Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 1	D 3 0	Y 1 4	Amount 30.00	
Full Name of Contributor Jill Billman-Rover					Registration Number, if PAC		
Street Address 5695 Morningstar Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Galloway	State O H	Zip Code 43119	M 0 2	D 1 4	Y 1 4	Amount 20.00	
Full Name of Contributor Scott Clinger					Registration Number, if PAC		
Street Address 5133 Phillips Run		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 2	D 0 2	Y 1 4	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))