

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 Susan Briggs						Registration Number, if PAC			
Street Address 6330 Legends Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43082	M 0	D 3	Y 2	7	Amount 100.00	
Full Name of Contributor Teresa Hoffman						Registration Number, if PAC			
Street Address 4888 Hayes Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport	State O	H H	Zip Code 43125	M 0	D 3	Y 2	7	Amount 100.00	
Full Name of Contributor Lea Ann Yoakum						Registration Number, if PAC			
Street Address 8102 Artisan Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O	H H	Zip Code 43068	M 0	D 3	Y 2	7	Amount 50.00	
Full Name of Contributor Emily Curry						Registration Number, if PAC			
Street Address 10820 Edgewood Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin	State O	H H	Zip Code 43017	M 0	D 3	Y 2	7	Amount 100.00	
Full Name of Contributor Dunloe PTO						Registration Number, if PAC			
Street Address 3200 Dunloe Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43232	M 0	D 3	Y 2	7	Amount 100.00	
Full Name of Contributor Shelley Holley						Registration Number, if PAC			
Street Address 1851 London Groveport Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O	H H	Zip Code 43123	M 0	D 4	Y 0	6	Amount 25.00	
Full Name of Contributor Pickens Fence Co LLC						Registration Number, if PAC			
Street Address 4838 Grove Pointe Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport	State O	H H	Zip Code 43125	M 0	D 4	Y 0	6	Amount 200.00	
Full Name of Contributor Melody Blake						Registration Number, if PAC			
Street Address 67 Bohyer Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Pataskala	State O	H H	Zip Code 43062	M 0	D 3	Y 2	7	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)]