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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				tarana arabahatatata					
Groveport Madison Committee For	Better School	s							
Full Name of Contributor				Registration Number, if PAC					
Susan Briggs					•				
Street Address	Employer/Occup	ation/Labor Organization*	<u></u>			Form (Cash, Che	eck, etc.)		
6330 Legends Court						Check			
City	State	Zip Code	M	D	Y	Amount			
Westerville	OH	43082	$0 \mid 3$	I .	0 9		100.00		
					Registration Number, if PAC				
Teresa Hoffman									
Street Address	Employer/Occupation/Labor Organization*			······································		Form (Cash, Che	eck. etc.)		
4888 Hayes Rd.						Check			
City	State	Zip Code	М	D	Y	Amount	***************************************		
Groveport	ОН	43125	0 3	1 .	0 9		100.00		
Full Name of Contributor		1 40120		Marillo mile anno anno anno anno anno anno anno ann	Contraction Contraction	<u>.</u>	100.00		
Full Name of Contributor Registration Number, if PAC Lea Ann Yoakum									
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ack etc.		
	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
8102 Artisan Way	State	Zip Code	1 37	1 5	Y	Check			
B -	1	1 '	M	D		Amount	E0.00		
Reynoldsburg Full Name of Contributor	IOH	43068	0 3	A CONTRACTOR AND A CONT	0 9	And a superior of the contract	50.00		
			Registra	tion Num	iber, if PA	AC .			
Emily Curry									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
10820 Edgewood Dr.				·	·	Check			
City	State	Zip Code	M	D	Y	Amount			
Dublin	IOIH	43017	0 3	2 7	0 9		100.00		
Full Name of Contributor Registration Number, if PAC									
Dunloe PTO									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
3200 Dunloe Rd.						Check			
City	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43232	0 3	2 7	0 9		100.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	VC	***************************************		
Shelley Holley									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)		
1851 London Groveport Rd.						Check			
City	State	Zip Code	М	D	Y	Amount			
Grove City	OH	43123	0 4	0 6	0 9		25.00		
Full Name of Contributor			enteralgraphic control in the control of the contro	tion Num	Acres and the second	Annah marking a same and a same a			
Pickens Fence Co LLC									
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)		
4838 Grove Pointe Dr						Check			
City	State	Zip Code	М	D	Y	Amount			
Groveport	OH	43125	$0 \mid 4$	1 .	0 9		200.00		
Full Name of Contributor			Andreas transfer on the conference of	A CONTRACTOR DESCRIPTION OF THE PARTY OF THE	Opposition of the Contract of	I.	200.00		
Full Name of Contributor Registration Number, if PAC Melody Blake									
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Che	eck, etc)				
67 Bohyer Ave	T-1/20 21 Panal Manal S. S. Santianion			- 51 (Subil, Olic	, •.•.,				
City	State	Zip Code	M	D	Y	Amount	·		
Pataskala	O H	43062	1 .	1 .			50.00		
1 ataskata		1 1004	0 3	2 7	0 9		50.00		

Page Total \$ 725.00

^{*} 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)]