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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Groveport Madison Committee Fo	r Better School	S		O to investment of the last	Manager and the second		
Sull Name of Contributor			Registra	Registration Number, if PAC			
Refrigeration Services Company In	ıc.			***************************************	G/112550000000000000000000000000000000000	a, e dia.	
Street Address	Employer/Occup	ation/Labor Organization	1*	4 5 J + F 4		Form (Cash, Check, etc.)	
7300 Jackson Pike		and the second s			Check		
City	State	Zip Code	M	D	Y	Amount	
Lockbourne	OH	43137	111	0 3	0 8	500.00	
Full Name of Contributor			Registra	tion Num	Children Company of the Company	C	
Obetz Hardware & Builders Suppl	y Inc.						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
4256 Groveport Rd.	See all the second seco	ાં તે કે ત્રિકે કે ક				Check	
City	State	Zip Code	М	D	Y	Amount	
Obetz	OIH	43207	111	0 3	0 8	100.00	
Full Name of Contributor			THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS	tion Num	CONTRACTOR OF THE PARTY OF THE		
Kathleen Murdock					1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
Street Address	Employer/Occup	ation/Labor Organization	8	-		Form (Cash, Check, etc.)	
2301 Nayland Rd.				Check			
City	State	Zip Code	IM	D	Y	Amount	
Columbus	ОІН	43220	111	0 3	0 8	100.00	
Full Name of Contributor		10220		tion Num	Compression Contract		
Pickens Fence Co LLC			1.05.5				
Street Address	Funloyer/Occum	ation/Labor Organization	*			Form (Cash, Check, etc.)	
4838 Grove Pointe Dr	Linproyer/Cecup	ation/Lacor Organization				Check	
City	State	Zip Code	M	D	Y	Amount	
Manager 1	OTT	43125	111	$0 \mid 3 \mid$		250.00	
Groveport Full Name of Contributor	101++	1 43123		tion Num	0 8		
			Registra	non mun	ber, if PA	. .	
WDH Training Inc. Street Address	E10	odion#alo-Omoniodio	*			Form (Cash, Check, etc.)	
	Employer/Occupation/Labor Organization*						
101 Kettering Bend		7 0 1		l and	77	Check	
City	State O H	Zip Code	M	D	Y	Amount	
Delaware	OH	43015	1 1	0 3	0 8	300.00	
Full Name of Contributor			Registrat	tion Num	ber, 11 PA	C .	
Melissa Fettrow			as links black		-		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
919 Hillgail Circle						Check	
City Superior Colors (See Access of	State	Zip Code	M	D	Y	Amount	
Pataskala	J O H	43062	1 1	0 3	0 8	20.00	
Full Name of Contributor			Registrat	tion Num	ber, if PA	C	
Jeanne Saum							
Street Address	Employer/Occup	ation/Labor Organizatio	1*			Form (Cash, Check, etc.)	
5477 Hayes Rd.						Check	
City	State	Zip Code	M	D	Y	Amount	
Grovport	O H	43125	11	0 3	0 8	20.00	
Full Name of Contributor			Registrat	tion Num	ber, if PA	C	
Aneita Raver							
Street Address	Employer/Occup	ation/Labor Organization) *			Form (Cash, Check, etc.)	
7464 Loy Rush CT						Check	
City :	State	Zip Code	M	D	Y	Amount	
Canal Winchester	OH	43110	1 1	0 3	0 8	25.00	

Page Total \$ 1,315.00

^{*} 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)]