| Page | 17 |
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| L 45C | 14 |

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| · · · · · · · · · · · · · · · · · · · | | | | • | | |
|---------------------------------------|---|----------------------------|--------------|-----------------------------|--------------------------|--|
| Name of Committee in Full | | | | | | |
| Groveport Madison Committee | tor Better Schools | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| David Gale | | | | | | |
| Street Address | Employer/Occupa | ation/Labor Organization* | | | Form (Cash. Check. etc.) | |
| 462 Main Street | | | | | Cash | |
| City | State | Zip Code | | D Y | Amount | |
| Groveport | O H | 43125 | 0 3 0 | 8 1 4 | 28.83 | |
| Full Name of Contributor | | | Registration | Number, if PA | c | |
| Maria Swonger | | | | | | |
| Street Address | Employer/Occupa | ation/Labor Organization* | | | Form (Cash. Check. etc.) | |
| 7550 Groveport Road | | | | | Cash | |
| City | State | Zip Code | M | D Y | Amount | |
| Groveport | O H | 43125 | 01310 | 8 1 4 | 9.41 | |
| Full Name of Contributor | | | | Number, if PA | | |
| Crystal Snyder | | | | | | |
| Street Address | Employer/Occupa | ntion/Labor Organization* | <u> </u> | | Form (Cash. Check. etc.) | |
| 3332 Drake Avenue | | | | • | Cash | |
| City | State | Zip Code | M | D Y | Amount | |
| Groveport | ОІН | 43125 | 0 3 1 | 10 114 | 4.55 | |
| Full Name of Contributor | 1 | | | Number, if PA | | |
| Thyressie Hamilton | | | | | | |
| Street Address | Employer/Occupa | ation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 191 Harbinger Drive | | _ | | | Cash | |
| City | State | Zip Code | M | D Y | Amount | |
| Groveport | ОІН | 43125 | 0 3 1 | 10 114 | 4.55 | |
| Full Name of Contributor | 101 | 10120 | | Number, if PA | | |
| Micaela Flores | | | ` | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 3816 Potomac Street | | · | | | Cash | |
| City | State | Zip Code | I M [| D Y | Amount | |
| Groveport | ОТН | 43125 | 0 3 1 | 10 114 | 4.55 | |
| Full Name of Contributor | | 13120 | | Number, if PA | | |
| Ryan Grashel | | | 1 -2 | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | Form (Cash. Check. etc.) | |
| 467 Elm Street | 24.0,00004 | | | | Cash | |
| City | State | Zip Code | М | D Y | Amount | |
| 1 · · | OIH | 43125 | | 10 114 | | |
| Groveport Full Name of Contributor | 1 0 1 | 1 40120 | Registration | n Number, if PA | C 1.00 | |
| Ayanna Williams | | | | | - | |
| Street Address | Employer/Occurs | ation/Labor Organization* | _ | | Form (Cash, Check, etc.) | |
| | Employer/Occupation/Labor Organization* | | | | Cash | |
| 3811 Pendent Lance | State | Zip Code | М | ĐY | Amount | |
| Calanalana | O H | 43207 | | 10 1 4 | 4.55 | |
| Columbus Full Name of Contributor | 10111 | 1 +3207 | | n Number, if PA | | |
| 1 | | | resistano. | a rouget, ii F | • | |
| Erika Smith | F-1 | action/Labor Oranaization* | | | Form (Cash. Check. etc.) | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | |
| 445 Crestmoore Drive | · · · · · · | Tie Code | м | D Y | Cash Amount | |
| City | State | Zip Code | | - 1 | | |
| Groveport | 0 H | 43125 | 0 3]: | 1 1 1 4 | 4.55 | |

* 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 | S | 65.54 |
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