Statement of Contributions Received

Prescribed by Secretary of State 3/05

of Committee in Full	- 01 1		
Groveport <u>Madison Committee</u> I	For Better Schools	Registration Number, if PA	·C
Name of Contributor		1	
Ray Neumeir	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
t Address	Employer Occupation 2200 12-5		Check
5119 Algean Drive	State Zip Code	M D Y	Amount
••	- 11 40440	0 7 1 7 1 2	50.00
Canal Winchester	O H 43110	Registration Number, if P.	AC
Name of Contributor			
Maggie Riley	- 'A survival' shor Organization*		Form (Cash, Check, etc.)
et Address	Employer/Occupation/Labor Organization*		Check
720 N Starr Drive	ar o tr	M D Y	Amount
,	State Zip Code	071212	50.00
Pickerington	O H 43147	Registration Number, if F	
Name of Contributor		(registration : valie :)	
Rachel Owens			Form (Cash, Check, etc.)
eet Address	Employer/Occupation/Labor Organization*		Check
506 Greenhill Drive		м р ү	Amount
	State Zip Code		20.00
Crossort	O H 43125		-
Groveport I Name of Contributor		Registration Number, if	PAC
		<u></u>	To (Ourly Cheek ato)
Grachelle James	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
eet Address			Check
2389 Berwick Blvd	State Zip Code	M D Y	Amount
ty	O H 43209	0 <u>7 2 9 1</u>	2 100.0
Columbus		Registration Number, if	PAC
all Name of Contributor			
Maria McGraw	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
rect Address	parties 1		Check
468 Crestmoore Drive	State Zip Code	M D Y	
ity	O H 43125	0 7 3 0 1	2 300.0
Groveport	0 11 43120	Registration Number, i	f PAC
ull Name of Contributor			
	Enmployer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
treet Address	Employer/Occupation/Labor Organization		
	State Zip Code	м в У	Amount
City	State Zip Code	•••	
	Registration Number, if PAC		if PAC
full Name of Contributor		registration Hamour	
			Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*		1
		M D	Y Amount
City	State Zip Code	IVI D	
		The Control of Ministra	icpaC
Full Name of Contributor		Registration Number,	HIAC
THE THIRD OF COMMON.			n (O-t Ot-t)
Samuel Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
Street Address			
	State Zip Code	M D	Y Amount

^{*} 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 \$