

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 Todd Boggs					Registration Number, if PAC		
Street Address 4628 Pickerington Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Carroll	State O H	Zip Code 43112	M 0 6	D 0 3	Y 1 3	Amount 5.00	
Full Name of Contributor Brent Bohman					Registration Number, if PAC		
Street Address 4998 Gilwood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 6	D 0 3	Y 1 3	Amount 3.00	
Full Name of Contributor Lori Brackett					Registration Number, if PAC		
Street Address 11506 Cedar Creek Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 6	D 0 3	Y 1 3	Amount 2.50	
Full Name of Contributor April Bray					Registration Number, if PAC		
Street Address 416 Sernade St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 6	D 0 3	Y 1 3	Amount 5.00	
Full Name of Contributor Sarah Bright					Registration Number, if PAC		
Street Address 3890 Mulryan Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 6	D 0 3	Y 1 3	Amount 5.00	
Full Name of Contributor Susan Burnett					Registration Number, if PAC		
Street Address 4651 Sperry Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 6	D 0 3	Y 1 3	Amount 5.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Ryan Cieply					Registration Number, if PAC		
Street Address 11403 Meadowcroft St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0 6	D 0 3	Y 1 3	Amount 5.00	

* 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)]