

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 Wendy Estep					Registration Number, if PAC		
Street Address 3526 Braidwood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 4	D 0 3	Y 1 3	Amount 5.00	
Full Name of Contributor Doug Ewart					Registration Number, if PAC		
Street Address 235 Kramer St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 4	D 0 3	Y 1 3	Amount 3.00	
Full Name of Contributor Tricia Faulkner					Registration Number, if PAC		
Street Address 10430 Marcy Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 4	D 0 3	Y 1 3	Amount 11.00	
Full Name of Contributor Jennifer Freshly					Registration Number, if PAC		
Street Address 172 Cornell Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0 4	D 0 3	Y 1 3	Amount 5.00	
Full Name of Contributor Lindsay Friel					Registration Number, if PAC		
Street Address 152 Flint Ridge Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 0 3	Y 1 3	Amount 3.00	
Full Name of Contributor Cynthia Goral					Registration Number, if PAC		
Street Address 73 W Twin Maple Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lithopolis	State O H	Zip Code 43136	M 0 4	D 0 3	Y 1 3	Amount 50.00	
Full Name of Contributor Tiffany Gorby					Registration Number, if PAC		
Street Address 427 S Sarwil Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 4	D 0 3	Y 1 3	Amount 20.00	
Full Name of Contributor Brandy Grieves					Registration Number, if PAC		
Street Address 6754 Berend St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 4	D 0 3	Y 1 3	Amount 7.00	

* 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)]