

2013 Amended Post Primary

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 Joyce Lifer Disharoon						Registration Number, if PAC			
Street Address 3305 Cinn-Zanesville Rd. SW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Lancaster		State O H		Zip Code 43130		M 0 5	D 0 1	Y 1 3	Amount 25.00
Full Name of Contributor Jim Stucko						Registration Number, if PAC			
Street Address 50 W. Broad St. Ste 2500			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43215		M 0 5	D 0 1	Y 1 3	Amount 500.00
Full Name of Contributor Jeff Rich						Registration Number, if PAC			
Street Address 6400 Riverside Dr Ste D			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin		State O H		Zip Code 43017		M 0 5	D 0 0	Y 1 3	Amount 1,000.00
Full Name of Contributor Information Design Inc						Registration Number, if PAC			
Street Address 4055 Executive Park Dr Ste 400			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Cincinnati		State O H		Zip Code 45241		M 0 5	D 0 7	Y 1 3	Amount 100.00
Full Name of Contributor Bonnie Schaad						Registration Number, if PAC			
Street Address 1381 Climbing Fig Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick		State O H		Zip Code 43004		M 0 5	D 1 4	Y 1 3	Amount 25.00
Full Name of Contributor Gallagher Benefit Services, Inc.						Registration Number, if PAC			
Street Address Two Pierce Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Itasca		State I L		Zip Code 60143		M 0 5	D 1 4	Y 1 3	Amount 1,000.00
Full Name of Contributor Bricker & Eckler State Political Action Committee						Registration Number, if PAC			
Street Address 100 S Third St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43215		M 0 5	D 1 6	Y 1 3	Amount 1,150.00
Full Name of Contributor Huntington National Bank						Registration Number, if PAC			
Street Address PO Box 1558			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43219		M 0 5	D 2 4	Y 1 3	Amount 2,500.00

* 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)]