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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

N. T. T. D.								
Name of Committee in Full	. Fan Dattan C-1 1	_						
Groveport Madison Committee For Better Schools Full Name of Contributor				Incidential Number (CDAC)				
			Registration Number, if PAC					
Catherine Rankin	[F1					In-	-1 \	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)	
2221 Ridgeview Rd.		1	1			Check		
City	State	Zíp Code	M	D D	Y	Amount	2.00	
Columbus	O   H	43221	0 5	<del></del>		<u> </u>	3.00	
Full Name of Contributor  Laurence Ricchi			Registra	ition Num	iber, if PA	NC .		
Street Address	Employar/Occup	ation/Labor Organization*				Form (Cash, Che	al: eta \	
	Employenoccup	Employer/Occupation/Labor Organization*				Check		
4971 Brewster Dr City	State	Zip Code	М	D	Y	Amount		
1	OH	1 <sup>-</sup>	1	1	I	Amount	20.00	
Columbus Full Name of Contributor	10111	43221		017	1 3 ber, if PA		20.00	
ruii Name of Coartbulor			Registra	шоп мшп	iber, ii ra	sc .		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
							,	
City	State	Zip Code	М	D	Y	Amount		
			11	1 :	l i			
Full Name of Contributor	, ,	!	Registra	ation Num	ber, if PA	\C		
Lauren Rotman								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
92 Green Lane						Check		
City	State	Zip Code	М	D	Y	Amount		
Pickerington	OH	43147	015	017	113		5.00	
Fuil Name of Contributor	,				iber, if PA	VC		
Street Address	Employer/Occup				Form (Cash, Che	ck, etc.)		
City	State	Zip Code	М	D	Y	Amount		
				1 1				
Full Name of Contributor	•	· · · · · · · · · · · · · · · · · · ·	Registra	ation Nun	ber, if P	AC		
•								
et Address Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)	
•						l		
City	State	Zip Code	М	D	Y	Аточлі		
•					<b>!</b>			
Full Name of Contributor			Registra	ation Nun	iber, if PA	AC		
Deborah Silverman								
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
13858 Wayside Dr						Check		
City	State	Zip Code	М	D	Y	Amount		
Pickerington	O   H	43147	015	<u> 0 7</u>	1 3		5.00	
Full Name of Contributor			Registra	ation Nun	iber, if PA	AC		
	To					1		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
	·				1	ļ		
City	State	Zip Code	M	D	Y	Amount		
L			1 !	1	<u> </u>	<u> </u>		
equired for contributions from individuals over \$100 to stat	eurde and general accembly card	tidates. It contributor is self-e	mployed th	e occurat	th has and	e name of the		

\* 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 \$ 33.00