

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>							
Full Name of Contributor <b>Catherine Rankin</b>					Registration Number, if PAC		
Street Address <b>2221 Ridgeview Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>	M <b>0   5</b>	D <b>0   7</b>	Y <b>1   3</b>	Amount <b>3.00</b>	
Full Name of Contributor <b>Laurence Ricchi</b>					Registration Number, if PAC		
Street Address <b>4971 Brewster Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>	M <b>0   5</b>	D <b>0   7</b>	Y <b>1   3</b>	Amount <b>20.00</b>	
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 <b>Lauren Rotman</b>					Registration Number, if PAC		
Street Address <b>92 Green Lane</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>0   5</b>	D <b>0   7</b>	Y <b>1   3</b>	Amount <b>5.00</b>	
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					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 <b>Deborah Silverman</b>					Registration Number, if PAC		
Street Address <b>13858 Wayside Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>0   5</b>	D <b>0   7</b>	Y <b>1   3</b>	Amount <b>5.00</b>	
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	

\* 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)]