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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Groveport Madison Committee	For Better Schoo	ls						
ull Name of Contributor			Registra	Registration Number, if PAC				
Victoria Albrecht								
Street Address	Employer/Occu				Form (Cash, Check, etc.)			
1467 Argus Rd.		•				Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43227	015	0 7	1 3		5.00	
Full Name of Contributor	•		Registra	tion Num	ber, if PA	AC		
Street Address	Employer/Occu				Form (Cash, Check, etc.)			
City	State	Zip Code	. M	D 	Y	Amount		
Full Name of Contributor	Registration Numb				ber, if PA	AC .	•	
Jamie Allen								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)	
2255 Golden Leaf Lane	amprey or o cooperiors based or gameation						Check	
City	State	Zip Code	М	D	Y	Amount		
Columbus	OIH	, -	0 5	1	1		10.00	
Full Name of Contributor		10220			ber, if PA	AC	10.00	
Vicki Allen			0					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	eck. etc.)	
1921 W Audobon Blvd	Simple) en everpation buodi et ganzation					Check	,	
City	State	Zip Code	М	D	Y	Amount		
Lancaster	огн	⁻	1		1 3		5.00	
Full Name of Contributor	101	10100			iber, if PA	\C		
David Anthony			1.0815114			.0		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ob etc.)	
2563 Long Bow	Employer/Occupation/Labor Organization					Check		
City	State	Zip Code	М	D	ΙΥ	Amount		
Lancaster	OH	1 ⁻	015	1 .	1 .	i inount	7.00	
Full Name of Contributor	1012	43130			ber, if PA		7.00	
Dawn Baldwin					1001, 11 1 2			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck etc.)	
7736 Essex Gate Dr					Check	ick, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Dublin	O H		1		1 3	1	5.00	
Full Name of Contributor	[0	43010			iber, if PA		3.00	
Margaret Beaver			11081300		1001, 11 1 1	.0		
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Che	ock ato)	
4335 Sour Run Rd	Employer Occupation Datos Organization					Check	ick, etc.)	
City	State	Zip Code	М	D	Y	Amount		
Wellston	OIH		015	1	1	Amount	20.00	
Full Name of Contributor		43092			ber, if PA	l C	20.00	
Jonathan Beck			Negisua.	11011 11411	1001, 11 1 7	10		
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					ck etc.)		
5201 Stoltz Ave				Check				
City	State	Zip Code	М	D	Y	Amount		
Groveport	OIH	•	015	l .	$\begin{vmatrix} \cdot \\ 1 \end{vmatrix} 3$		5.00	
Olovepoit	1 0 1 22	1 30140	1013	[U /	1110	<u> </u>	2.00	

* 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)]

Page Total \$	57.00
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