31-A
R.C. 3517.10

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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 Schools						
Full Name of Contributor			Registration Number, if PAC			
Darren Fillman						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1786 Ford Road						Check
City	State	Zip Code	M	D	Y	Amount
Delaware	OH	43015	03	14	14	350.00
Full Name of Contributor			Registration Number, if PAC			
Build-A-Bear Retail Management						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1954 Innerbelt Business Center Dr						Check
City	State	Zip Code	M	D	Y	Amount
St. Louis	MO	63114	03	11	14	100.00
Full Name of Contributor			Registration Number, if PAC			
Athena Walton						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
7327 Melvnne Trace						Cash
City	State	Zip Code	M	D	Y	Amount
Canal Winchester	OH	43110	03	21	14	20.00
Full Name of Contributor			Registration Number, if PAC			
Dunloe PTO						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
3200 Dunloe Road						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43232	03	18	14	312.00
Full Name of Contributor			Registration Number, if PAC			
Christopher Snyder						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
6167 Barbour Ridge Lane						Check
City	State	Zip Code	M	D	Y	Amount
Canal Winchester	OH	43110	03	17	14	50.00
Full Name of Contributor			Registration Number, if PAC			
John Hurd, Jr.						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
5297 Stephenson Street						Check
City	State	Zip Code	M	D	Y	Amount
Nelsonville	OH	45764	03	11	14	306.00
Full Name of Contributor			Registration Number, if PAC			
Groveport Madison Local Education Association						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
139 Cleveland Avenue	Labor Organization					Check
City	State	Zip Code	M	D	Y	Amount
Lancaster	OH	43130	03	15	14	5,000.00
Full Name of Contributor			Registration Number, if PAC			
David Gillespie						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
3970 Eastrise Drive						Check
City	State	Zip Code	M	D	Y	Amount
Groveport	OH	43125	03	15	14	25.00

* 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 $ 6,163.00