

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 Molly Naish					Registration Number, if PAC		
Street Address 842 Menarda PL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 6	Y 2	Amount 5.00	
Full Name of Contributor Amy Novar					Registration Number, if PAC		
Street Address 8617 Robbins Loop Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 6	Y 2	Amount 5.00	
Full Name of Contributor Rebecca Pharo					Registration Number, if PAC		
Street Address 893 Harbinger Circle E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0	D 6	Y 2	Amount 5.00	
Full Name of Contributor Rebecca Prorok					Registration Number, if PAC		
Street Address 376 E Stanton Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 6	Y 2	Amount 5.00	
Full Name of Contributor Catherine Rankin					Registration Number, if PAC		
Street Address 2221 Ridgeview Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 6	Y 2	Amount 3.00	
Full Name of Contributor Laurence Ricchi					Registration Number, if PAC		
Street Address 4871 Brewster Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43232	M 0	D 6	Y 2	Amount 20.00	
Full Name of Contributor Lauren Rotman					Registration Number, if PAC		
Street Address 92 Green Lane		Employer/Occupation/Labor Organization* Groveport Madison LSD/Superintendent			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0	D 6	Y 2	Amount 5.00	
Full Name of Contributor Deborah Silverman					Registration Number, if PAC		
Street Address 13858 Wayside Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0	D 6	Y 2	Amount 5.00	

* 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))