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	
Groveport Madison Local Education Association								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
139 Cleveland Ave	Labor Organization						Check	
City	State	Zip Code	M	D	Y		Amount	
Lancaster	OH	43130	04	21	14		5,000.00	
Full Name of Contributor							Registration Number, if PAC	
Maria McGraw								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
468 Crestmoore Drive							Cash	
City	State	Zip Code	M	D	Y		Amount	
Groveport	OH	43125	05	20	14		30.00	
Full Name of Contributor							Registration Number, if PAC	
SHP Leading Design								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4805 Montgomery Rd Ste 400							Check	
City	State	Zip Code	M	D	Y		Amount	
Cincinnati	OH	45212	05	20	14		750.00	
Full Name of Contributor							Registration Number, if PAC	
Steven Ulrey - President								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3967-F Presidential Pkwy	Ulrey Foods, Inc.						Check	
City	State	Zip Code	M	D	Y		Amount	
Powell	OH	43065	05	20	14		350.00	
Full Name of Contributor							Registration Number, if PAC	
Thomas & Melanie Sporleder								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
230 Main Street	Sporleder & Associates, LLC						Check	
City	State	Zip Code	M	D	Y		Amount	
Groveport	OH	43125	05	20	14		100.00	
Full Name of Contributor							Registration Number, if PAC	
Compass Group, North America								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2400 Yorkmont Road							Check	
City	State	Zip Code	M	D	Y		Amount	
Charlotte	NC	28217	05	20	14		500.00	
Full Name of Contributor							Registration Number, if PAC	
Huntington National Bank								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
EA4W50 PO Box 1558							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43219	05	20	14		2,500.00	
Full Name of Contributor							Registration Number, if PAC	
Michael J Clark - Owner								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
9912 Brewster Lane	Andrew Insurance Assoc, Inc.						Check	
City	State	Zip Code	M	D	Y		Amount	
Powell	OH	43065	05	20	14		500.00	

* 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 $ 9,730.00