

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 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 4	Y 0	Amount 3.00	
Full Name of Contributor Laurence Ricchi					Registration Number, if PAC		
Street Address 4971 Brewster Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 4	Y 0	Amount 20.00	
Full Name of Contributor Joe Rinkes					Registration Number, if PAC		
Street Address 6473 Limpkin Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0	D 4	Y 0	Amount 25.00	
Full Name of Contributor Lauren Rotman					Registration Number, if PAC		
Street Address 92 Green Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0	D 4	Y 0	Amount 5.00	
Full Name of Contributor Lisa Santo					Registration Number, if PAC		
Street Address 2305 Cedar Hill Rd. NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0	D 4	Y 0	Amount 25.00	
Full Name of Contributor Bonnie Schaad					Registration Number, if PAC		
Street Address 1381 Climbing Fig Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 0	D 4	Y 0	Amount 25.00	
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 4	Y 0	Amount 5.00	
Full Name of Contributor Kristen Skeens					Registration Number, if PAC		
Street Address 2592 Wheeping Willow Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43207	M 0	D 4	Y 0	Amount 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 \$ 133.00