Statement of Contributions Received

	1
Page	<u> </u>

Prescribed by Secretary of State 03/05

Name of Committee in Full Groveport Madison Committee Fo	or Better Schools				
Full Name of Contributor Victoria Albrecht			Registration Number, if PAC		
Street Address 1467 Argus Rd.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43227	M D Y O 7 3 0 1 3	Amount \$5.00	
Full Name of Contributor Jamie Allen	Registration Number, if PAC				
Street Address 2255 Golden Leaf Lane	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Cheek, etc.) Check	
City Columbus	State OH	Zip Code 43223	M D Y 3 0 1 3	Amount \$10.00	
Full Name of Contributor Vicki Allen	Registration Number, if PAC				
Street Address 1921 W Audobon Blvd	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Lancaster	State OH	Zip Code 43130	$\begin{bmatrix} M \\ 0 \end{bmatrix} 7 \begin{bmatrix} 3 \\ 0 \end{bmatrix} 0 \begin{bmatrix} 1 \\ 1 \end{bmatrix} 3$		
Full Name of Contributor Registration Number, if PAC David Anthony					
Street Address 2563 Long Bow	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Lancastser	State OH	Zip Code 43130	M, D, N, 0 1 3	Amount \$7.00	
Full Name of Contributor Registration Number, if PAC Dawn Baldwin					
Street Address 7736 Essex Gate Dr	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43016	$\begin{bmatrix} 0 & 7 & 3 & 0 & 1 & 3 \end{bmatrix}$	Amount \$5.00	
Full Name of Contributor Margaret Beaver	Registration Number, if	PAC			
Street Address 4335 Sour Run Rd	Employer/Occu	Employer/Occupation/Labor Organization			
City Wellston	State OH	Zip Code 45692	M D Y ₁	Amount \$20.00	
Full Name of Contributor Jonathan Beck					
Street Address 5201 Stoltz Ave	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check	
City Groveport	State OH	Zip Code 43125	M D Y 0 1 3	Amount \$5.00	
Full Name of Contributor Registration Number, if PAGE TOOL BOGGS					
Street Address 4628 Pickerington Rd	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Carroll	State OH	Zip Code 43112	M D Y 3 0 1 3	Amount \$5.00	

Page Total \$62.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]