31-A
R.C. 3517.10

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**	
Rickey Clark						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
4997 Birch Grove Dr						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Groveport	O | H	43125	0 6	0 3	1 3	5.00
Full Name of Contributor					**Registration Number, if PAC**	
Deanna Clinger						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
5133 Phillips Run						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Canal Winchester	O | H	43110	0 6	0 3	1 3	20.00
Full Name of Contributor					**Registration Number, if PAC**	
Dorethia Copas						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
128 Leasure Dr						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Pickerington	O | H	43147	0 6	0 3	1 3	20.00
Full Name of Contributor					**Registration Number, if PAC**	
Heidi Day						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
8467 Kingsley Dr						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Reynoldsburg	O | H	43068	0 6	0 3	1 3	3.00
Full Name of Contributor					**Registration Number, if PAC**	
Matt Decastro						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
3860 Chestnut Ridge Loop						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	O | H	43230	0 6	0 3	1 3	20.00
Full Name of Contributor					**Registration Number, if PAC**	
Jane Deckard						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
3808 Laguna Dr						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	O | H	43232	0 6	0 3	1 3	5.00
Full Name of Contributor					**Registration Number, if PAC**	
Ashley Dibling						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
441 Shagbark Ct						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Pickerington	O | H	43147	0 6	0 3	1 3	5.00
Full Name of Contributor					**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
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* 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 $ 78.00