31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full
Groveport Madison Committee For Better Schools

Full Name of Contributor	Registration Number, if PAC						
Jennifer Freshly							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
172 Cornell Ct							check
City	State	Zip Code	M	D	Y		Amount
Westerville	OH	43081	07	30	13		$5.00
Full Name of Contributor	Registration Number, if PAC						
Lindsay Friel							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
152 Flint Ridge Dr							check
City	State	Zip Code	M	D	Y		Amount
Gahanna	OH	43230	07	30	13		$3.00
Full Name of Contributor	Registration Number, if PAC						
Brandy Grieves							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
6754 Berend St							check
City	State	Zip Code	M	D	Y		Amount
Worthington	OH	43085	07	30	13		$7.00
Full Name of Contributor	Registration Number, if PAC						
Monique Hamilton							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
8149 Reynoldswood Dr							check
City	State	Zip Code	M	D	Y		Amount
Reynoldsburg	OH	43068	07	30	13		$11.00
Full Name of Contributor	Registration Number, if PAC						
Lori Hitsman							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
320 Sheryl Dr							check
City	State	Zip Code	M	D	Y		Amount
Pickerington	OH	43147	07	30	13		$11.00
Full Name of Contributor	Registration Number, if PAC						
Amiee Holloway							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
448 Crestmoore Dr							check
City	State	Zip Code	M	D	Y		Amount
Groveport	OH	43125	07	30	13		$30.00
Full Name of Contributor	Registration Number, if PAC						
Bruce Hoover							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
3065 Royal Dornoch Circle							check
City	State	Zip Code	M	D	Y		Amount
Delaware	OH	43015	07	30	13		$70.00
Full Name of Contributor	Registration Number, if PAC						
Robin Howie							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
5247 Gobel Dr							check
City	State	Zip Code	M	D	Y		Amount
Groveport	OH	43125	07	30	13		$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 also appear. [R.C. 3517.10(B)(4)]

Page Total $142.00