Statement of Contributions Received

Prescribed by Secretary of State 3/05

·						
Name of Committee in Full	u. C.1 .1					
Groveport Madison Committee for Be	tter Schools	<u> </u>				
Full Name of Contributor				Registration Number, if PAC		
Darren Fillman						
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash. Check. etc.)
1786 Ford Road						Check
City	State	Zip Code	M	D	Y	Amount
Delaware	O H	43015	0 3	1 4	1 4	350.00
Full Name of Contributor			Registrat	tion Numb	er. if PA	С
Build-A-Bear Retail Management			1			
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash. Check. etc.)
1954 Innerbelt Business Center Dr	1					Check
City	State	Zip Code	M	D	Y	Amount
St. Louis	MIO	63114	013	111	1 4	100.00
Full Name of Contributor	•	<u> </u>		tion Numi		
Athena Walton						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash. Check. etc.		
7327 Melynne Trace					Cash	
City	State	Zip Code	M	D	Y	Amount
Canal Winchester	OIH	43110	013	2 1	1 4	20.00
Full Name of Contributor		10110		tion Num	1, 1	
Dunloe PTO			1			
Street Address	Employer/Occupa	ation/Labor Organization*			_	Form (Cash, Check, etc.)
3200 Dunloe Road	1					Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43232	013		1/14	312.00
Full Name of Contributor	101	40202		tion Num		
Christopher Snyder						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
	Employenoccup	addis Editor Organization				Check
6167 Barbour Ridge Lane	State	Zip Code	М	D	Y	Amount
1 1	OH	43110	013	117	1 4	50.00
Canal Winchester Full Name of Contributor	10111	1 43110				
,						
John Hurd, Jr. Suret Address	E-player/Ossur	ation/Labor Organization*				Form (Cash, Check, etc.)
	Employer/Occup				Check	
5297 Stephenson Street	State	7in Code	M	D	Y	Amount
City	1	Zip Code	I .			•
Nelsonville Full Name of Contributor	OH	45764		1 1 tion Num		
	·		Registra	EOU NUM	Det. II PA	C
Groveport Madison Local Education A						F (C.) (C.)
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
139 Cleveland Avenue		rganization	T :	1 -	1	Check
City	State	Zip Code	M	D	Y	Amount = 000 00
Lancaster	OH	43130	0 3	1 5		5,000.00
Full Name of Contributor			Registra	rion Num	ber, if PA	C
David Gillespie						T
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
3970 Eastrise Drive	<u> </u>				Check	
City:	State	Zip Code	M	D	Y	Amount
Groveport	0 H	43125	1013	1 5	1 4	25.00

Page Total S 6,163.00

^{*} 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)]