31-A
R.C. 3517.10

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# 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 | |
| Groveport Madison Local Education Association | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) |
| 139 Cleveland Ave | Labor Organization | | | | | | Check |
| City | State | Zip Code | M | D | Y | | Amount |
| Lancaster | O \| H | 43130 | 0 2 | 0 9 | 1 4 | | 5,000.00 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Brant Tedrow | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) |
| 6269 Lithopolis Road | | | | | | | Check |
| City | State | Zip Code | M | D | Y | | Amount |
| Groveport | O \| H | 43125 | 0 2 | 1 2 | 1 4 | | 500.00 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Larry Jason Parsons | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) |
| 3966 Clearwater Drive | | | | | | | Check |
| City | State | Zip Code | M | D | Y | | Amount |
| Groveport | O \| H | 43125 | 0 2 | 0 7 | 1 4 | | 50.00 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Laurence Ricchi | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) |
| 4971 Brewster Drive | | | | | | | Check |
| City | State | Zip Code | M | D | Y | | Amount |
| Groveport | O \| H | 43125 | 0 2 | 1 3 | 1 4 | | 250.00 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Brant Tedrow | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) |
| 6269 Lithopolis Road | | | | | | | Check |
| City | State | Zip Code | M | D | Y | | Amount |
| Groveport | O \| H | 43125 | 0 2 | 1 9 | 1 4 | | 500.00 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Robert S. Lingo | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) |
| 4802 Hendron Road | Franklin Heating & Refrigeration, Inc. | | | | | | Check |
| City | State | Zip Code | M | D | Y | | Amount |
| Groveport | O \| H | 43125 | 0 2 | 1 8 | 1 4 | | 500.00 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Groveport Madison Local Education Association | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) |
| 139 Cleveland Ave | Labor Organization | | | | | | Check |
| City | State | Zip Code | M | D | Y | | Amount |
| Lancaster | O \| H | 43130 | 0 3 | 0 3 | 1 4 | | 5,000.00 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Teresa Malloy | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) |
| 139 Cleveland Ave | | | | | | | Check |
| City | State | Zip Code | M | D | Y | | Amount |
| Lancaster | O \| H | 43130 | 0 3 | 0 3 | 1 4 | | 100.00 |

* 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 $ 11,900.00