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**	
Kathleen Monhollen							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
214 Durand St							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Pickerington	O | H	43147	0 | 4	0 | 3	1 | 3		15.00
Full Name of Contributor						**Registration Number, if PAC**	
Susan Moore							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5075 Cherry Blossom Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Groveport	O | H	43125	0 | 4	0 | 3	1 | 3		18.00
Full Name of Contributor						**Registration Number, if PAC**	
Andrea Murphy							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
145 E Waterloo St							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Canal Winchester	O | H	43110	0 | 4	0 | 3	1 | 3		7.00
Full Name of Contributor						**Registration Number, if PAC**	
Molly Naish							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
842 Menarda Pl							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Reynoldsburg	O | H	43068	0 | 4	0 | 3	1 | 3		5.00
Full Name of Contributor						**Registration Number, if PAC**	
Amy Novar							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
8617 Robbins Loop Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Reynoldsburg	O | H	43068	0 | 4	0 | 3	1 | 3		5.00
Full Name of Contributor						**Registration Number, if PAC**	
Stephanie Peterman							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
289 Washington St							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Canal Winchester	O | H	43110	0 | 4	0 | 3	1 | 3		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Rebecca Pharo							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
893 Harbinger Circle E							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Groveport	O | H	43125	0 | 4	0 | 3	1 | 3		5.00
Full Name of Contributor						**Registration Number, if PAC**	
Rebecca Prorok							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
376 E Stanton Ave							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43214	0 | 4	0 | 3	1 | 3		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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 85.00