

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 Petermann LLC					Registration Number, if PAC		
Street Address 8041 Hosbrook Rd Ste 330		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cincinnati	State O H	Zip Code 45236	M 1	D 0	Y 0	Amount 5,000.00	
Full Name of Contributor Mary Tedrow					Registration Number, if PAC		
Street Address 5269 Lithopolis Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 1	D 0	Y 0	Amount 200.00	
Full Name of Contributor Victoria Albrecht					Registration Number, if PAC		
Street Address 1467 Argus Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43227	M 1	D 0	Y 0	Amount 100.00	
Full Name of Contributor Dunloe PTO					Registration Number, if PAC		
Street Address 3200 Dunloe Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43232	M 1	D 0	Y 0	Amount 100.00	
Full Name of Contributor Jody Davis					Registration Number, if PAC		
Street Address 1794 Leighton Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 1	D 0	Y 0	Amount 20.00	
Full Name of Contributor Susan Keys					Registration Number, if PAC		
Street Address 465 Buckhorn CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Thomas McElligott					Registration Number, if PAC		
Street Address 3852 Quail Hollow Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43228	M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Mary Christine Bowser					Registration Number, if PAC		
Street Address 7788 Tokatee Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 1	D 0	Y 0	Amount 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 \$ 5,620.00