

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 Dr. Naomi Sealey					Registration Number, if PAC		
Street Address 6740 Bennell 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 100.00	
Full Name of Contributor Marjorie Whitis					Registration Number, if PAC		
Street Address 610 Long Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Linda Meek					Registration Number, if PAC		
Street Address 9078 Sycamore Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Mount Vernon	State O H	Zip Code 43050	M 1	D 0	Y 0	Amount 20.00	
Full Name of Contributor Thea Patrick					Registration Number, if PAC		
Street Address 1645 Holland Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 0	Amount 15.00	
Full Name of Contributor Melvina Bina					Registration Number, if PAC		
Street Address 2624 Steiner House		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43219	M 1	D 0	Y 0	Amount 25.00	
Full Name of Contributor Joy Bock					Registration Number, if PAC		
Street Address 15 Bendview SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pataskala	State O H	Zip Code 43062	M 1	D 0	Y 0	Amount 20.00	
Full Name of Contributor Linda Jones					Registration Number, if PAC		
Street Address 5538 Crosskirk Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 0	Amount 100.00	
Full Name of Contributor Teresa Hoffman					Registration Number, if PAC		
Street Address 4888 Hayes 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 25.00	

* 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 \$ 355.00