31-A
R.C. 3517.10

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**	
Jennifer Freshly							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
172 Cornell Ct.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Westerville	OH	43081	06	28	13		5.00
Full Name of Contributor						**Registration Number, if PAC**	
Lindsay Friel							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
152 Flint Ridge Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gahanna	OH	43230	06	28	13		3.00
Full Name of Contributor						**Registration Number, if PAC**	
Brandy Grieves							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
6754 Berend St							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Worthington	OH	43085	06	28	13		7.00
Full Name of Contributor						**Registration Number, if PAC**	
Monique Hamilton							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
8149 Reynoldswood Dr.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Reynoldsburg	OH	43068	06	28	13		11.00
Full Name of Contributor						**Registration Number, if PAC**	
Lori Hitsman							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
320 Sheryl Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Pickerington	OH	43147	06	28	13		11.00
Full Name of Contributor						**Registration Number, if PAC**	
Amiee Holloway							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
448 Crestmoore Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Groveport	OH	43125	06	28	13		30.00
Full Name of Contributor						**Registration Number, if PAC**	
Bruce Hoover							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3065 Royal Dornoch Circle	Groveport Madison LSD/Superintendent						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Delaware	OH	43015	06	28	13		70.00
Full Name of Contributor						**Registration Number, if PAC**	
Robin Howie							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5247 Gobel Dr							
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Groveport	OH	43125	06	28	13		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 $ 142.00