Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Groveport Madison Committe	e For Better School	S					
Full Name of Contributor				Registration Number, if PAC			
Catherine Rankin							
Street Address	Employer/Occuj	oation/Labor Organization*	•			Form (Cash, Check, etc.)	
2221 Ridgeview Rd.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОІН	43221	016	0 3	1 3	3.00	
Full Name of Contributor		10221			ber, if PA		
Laurence Ricchi					,	· -	
Street Address	Employer/Occus	pation/Labor Organization*				Form (Cash, Check, etc.)	
4971 Brewster Dr	Employen Geed	patron Europi Organización				Check	
City	State	Zip Code	М	D	ΙΥ	Amount	
	1 - ,						
Columbus	O H	43221	0 6			20.00	
Full Name of Contributor			Registra	tion Nur	iber, if PA	iC .	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Cíty	State	Zip Code	М	D	Y]	Amount	
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Full Name of Contributor			Registra	tion Nun	iber, if PA	vC	
Lauren Rotman							
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
92 Green Lane						Check	
City	State	Zip Code	М	D	Y	Amount	
Pickerington	O H	43147	016	013	1 3	5.00	
Full Name of Contributor					iber, if PA		
Street Address	Employer/Occupation/Labor Organization* Form (Cash.			Form (Cash, Check, etc.)			
Sirect Maness	Employenoccu	panou Labor Organization				onn (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registra	tion Nun	ber, if PA	C	
1			1		•		
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
•							
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor	<u> </u>		Registra	tion Mun	iber, if PA	<u> </u>	
Deborah Silverman			i ve gisaa		, 11 1 1	.0	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
13858 Wayside Dr	Employenoccu	panon Digamizanon				•	
City	State	Zip Code	М	D	Y	Check Amount	
Pickerington	OH	43147	ŀ		1		
Full Name of Contributor	0 1 11	43147	016			5.00	
			Kegisua	HIDE HOLD	ber, if PA	iC .	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
						, ,	
City	State	Zip Code	М	D	Y	Amount	
						2 4.11	
		<u> </u>		1		<u> </u>	

* 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 \$ 33.00		
	Page Total \$	33.00