

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 Catherine Rankin | | | | | Registration Number, if PAC | | |
| Street Address 2221 Ridgeview Rd. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43221 | M 0 6 | D 0 3 | Y 1 3 | Amount 3.00 | |
| Full Name of Contributor Laurence Ricchi | | | | | Registration Number, if PAC | | |
| Street Address 4971 Brewster Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43221 | M 0 6 | D 0 3 | Y 1 3 | Amount 20.00 | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor Lauren Rotman | | | | | Registration Number, if PAC | | |
| Street Address 92 Green Lane | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Pickerington | State O H | Zip Code 43147 | M 0 6 | D 0 3 | Y 1 3 | Amount 5.00 | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor Deborah Silverman | | | | | Registration Number, if PAC | | |
| Street Address 13858 Wayside Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Pickerington | State O H | Zip Code 43147 | M 0 6 | D 0 3 | Y 1 3 | Amount 5.00 | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |

* 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)]