

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 Stephen Petros					Registration Number, if PAC		
Street Address RR 1 Box 613		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Sugar Grove	State O H	Zip Code 43155	M 0 3	D 2 7	Y 1 4	Amount 100.00	
Full Name of Contributor Groveport Youth Athletic Association					Registration Number, if PAC		
Street Address PO Box 27		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 3	D 2 5	Y 1 4	Amount 250.00	
Full Name of Contributor Groveport Elementary PTO					Registration Number, if PAC		
Street Address 715 Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 3	D 2 0	Y 1 4	Amount 312.00	
Full Name of Contributor Groveport Madison Athletic Boosters					Registration Number, if PAC		
Street Address PO Box 128		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 3	D 2 5	Y 1 4	Amount 312.00	
Full Name of Contributor Susan Moore					Registration Number, if PAC		
Street Address 5075 Cherry Blossom Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 3	D 1 4	Y 1 4	Amount 3.00	
Full Name of Contributor April Bray					Registration Number, if PAC		
Street Address 416 Sernade Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 3	D 2 7	Y 1 4	Amount 5.50	
Full Name of Contributor Matthew DeCastro					Registration Number, if PAC		
Street Address 3860 Chestnut Ridge Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43230	M 0 3	D 2 7	Y 1 4	Amount 50.00	
Full Name of Contributor Tricia Faulkner					Registration Number, if PAC		
Street Address 10430 Marcy Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 3	D 2 7	Y 1 4	Amount 20.00	

* 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)]