31-A
R.C. 3517.10

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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						
Suzanne Stone							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
6829 Laburnum Drive							Check
City	State	Zip Code	M	D	Y		Amount
Canal Winchester	O | H	43110	0 3	0 8	1 3		25.00
Full Name of Contributor	Registration Number, if PAC						
Susan Baird							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1499 Lincoln Rd.							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43212	0 3	0 8	1 3		20.00
Full Name of Contributor	Registration Number, if PAC						
Zachary Casperson							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
5546 Shagbark Place							Check
City	State	Zip Code	M	D	Y		Amount
Groveport	O | H	43125	0 3	0 8	1 3		25.00
Full Name of Contributor	Registration Number, if PAC						
Sharon Minton							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
3020 Fleet Rd.							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43232	0 3	0 8	1 3		25.00
Full Name of Contributor	Registration Number, if PAC						
Groveport Madison Local Education Association							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
139 Cleveland Ave.							Check
City	State	Zip Code	M	D	Y		Amount
Lancaster	O | H	43130	0 3	0 8	1 3		200.00
Full Name of Contributor	Registration Number, if PAC						
Elaine Davis							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
3193 Winchester Pike							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43232	0 3	0 8	1 3		25.00
Full Name of Contributor	Registration Number, if PAC						
Jacqueline Moore							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
9274 Southchester Drive							Check
City	State	Zip Code	M	D	Y		Amount
Pickerington	O | H	43147	0 3	0 8	1 3		30.00
Full Name of Contributor	Registration Number, if PAC						
Mary Tedrow							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
6269 Lithopolis Rd.							Check
City	State	Zip Code	M	D	Y		Amount
Groveport	O | H	43125	0 3	0 8	1 3		250.00

* 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 $ 600.00