## **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				
Monique Hamilton					registration (varieti: if I Ac				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
13967 Bainwick Drive NW							Check		
City	State		Zip Code	М	l D	Y	Amount		
Pickerington	l .	H	43147	0 3	217	114		5.50	
Full Name of Contributor	1 2 4 4 4				Registration Number, if PAC				
Bruce Hoover									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
3065 Roval Dornoch Circle						Check			
City	State		Zip Code	М	D	Y	Amount	-	
Delaware	0 1	H	43015	0 3	217	$ _{1 4 }$		34.67	
Full Name of Contributor					Registration Number, if PAC				
Susan Moore									
Street Address	Employer/C	tion/Labor Organization*				Form (Cash. C	heck. etc.)		
5075 Cherry Blossom Drive									
City	State		Zip Code	M	D	Y	Amount		
Groveport	0	Н	43125	0 3		1 4		3.00	
Full Name of Contributor				Registra	tion Num	ber. if PA	С		
Asbury PTO									
Street Address	Employer/Occupation/Labor Organization*				Form (Cas			heck. etc.)	
5127 Harbor Blvd.							Check		
City	State		Zip Code	M	D	Y	Amount		
Columbus Full Name of Contributor	0	Н	43232	0 3	-			250.00	
Full Name of Contributor  Registration Number, if PAC  Ieff Rich									
Street Address	Employer/Occupation/Labor Organization*						F (C). C	h l	
6400 Riverside Dr Suite D	Rich & Gillis Law Group, I			ıc			Form (Cash, Check, etc.)		
City	<del></del>	State Zip Code			D	Y	Check Amount		
Dublin		Н	43017	M M	217	1   4	ALID COLOR	1,000.00	
Full Name of Contributor			43017				<u> </u>	1,000.00	
Full Name of Contributor  Groveport Madison Junior High PTO  Registration Number. if PAC									
Street Address	Employer/C	tion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)			
751 Main Street							Check	ĺ	
City	State		Zip Code	М	D	Y	Amount		
Groveport	0	H	43125	0 4	011	1 4		312.00	
Full Name of Contributor						ber, if PA			
Groveport Madison Local Education Association									
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
139 Cleveland Avenue	Labor Organization						Check		
City	State		Zip Code	M	D	Y	Amount		
Lancaster	0	Н	43130	0 4	01	1 4		5,000.00	
Full Name of Contributor Registration Number, if PAC									
The Paper Barn									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
4855-1 Hendron Road	la l				Check				
City	State		Zip Code	M	D	Y	Amount	2=0.00	
Groveport	0	H	43125	013	3   1	$11_{4}$		250. <u>00</u>	

Page Total S 6.S55.17

<sup>\*</sup> 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)]