

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 Strategic Solutions						Registration Number, if PAC	
Street Address PO Box 366			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hinckley	State O H	Zip Code 44233	M 0 4	D 0 7	Y 1 4	Amount 100.00	
Full Name of Contributor Information Design, Inc.						Registration Number, if PAC	
Street Address 4055 Executive Park Drive Ste 400			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cincinnati	State O H	Zip Code 45241	M 0 4	D 0 8	Y 1 4	Amount 100.00	
Full Name of Contributor MT Business Technologies						Registration Number, if PAC	
Street Address PO Box 37			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Mansfield	State O H	Zip Code 44901	M 0 4	D 0 3	Y 1 4	Amount 5,000.00	
Full Name of Contributor Maria McGraw						Registration Number, if PAC	
Street Address 468 Crestmoore Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Groveport	State O H	Zip Code 43125	M 0 4	D 1 4	Y 1 4	Amount 35.00	
Full Name of Contributor Bricker & Eckler LLP						Registration Number, if PAC OH821	
Street Address 100 South Third Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 4	D 0 7	Y 1 4	Amount 1,000.00	
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 1	D 3 0	Y 1 4	Amount 6.00	
Full Name of Contributor Maria McGraw						Registration Number, if PAC	
Street Address 468 Crestmoore Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Groveport	State O H	Zip Code 43125	M 0 3	D 1 4	Y 1 4	Amount 153.15	
Full Name of Contributor Jared Hovlman						Registration Number, if PAC	
Street Address 3345 Everson Rd W			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Columbus	State O H	Zip Code 43232	M 0 3	D 0 2	Y 1 4	Amount 4.55	

* 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))