Page	7	_	-	_	_

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/0:

	r reserreda by Sc	ciculty of State 5/05	4					
Name of Committee in Full								
Groveport Madison Committee For	Better School	S						
Full Name of Contributor					Registration Number, if PAC			
Vickie Roush								
Street Address	Employer/Occup	mployer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
7807 Fairfax Loop Dr						Check		
City	State	Zip Code	М	D	Y	Amount		
Blacklick	OH	43004	1 1	103	0 8	10.00		
Full Name of Contributor			Registr	ration Nur	nber, if P	AC		
Bonnie Schaad								
Street Address	Employer/Occup	ation/Labor Organization*		THE PERSON NAMED IN COLUMN		Form (Cash, Check, etc.)		
5524 San Gabriel Dr						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O   H	43213	1 1	. 0 3	0 8	25.00		
Full Name of Contributor			Registr	ation Nun				
Cheryl Schuh								
Street Address	Employer/Occup	ation/Labor Organization*		*****	***************************************	Form (Cash, Check, etc.)		
8384 Sawmill Rd						Check		
City	State	Zip Code	М	D	Y	Amount		
Powell	O   H	43065	1 1	0 3	0 8	5.00		
Full Name of Contributor			NAME OF TAXABLE PARTY.	ation Nun	THE PROPERTY OF THE PARTY OF TH			
Brenda Sims								
Street Address	Employer/Occup	ation/Labor Organization*	Necessary		of the law years and the law years and the law years are the law years and the law years are the law y	Form (Cash, Check, etc.)		
283 Center St						Check		
City 1	State	Zip Code	М	D	Y	Amount		
Groveport	OH	43125	111	0 3	0 8	100.00		
Full Name of Contributor			Registra	ation Nun	ber, if PA	\C		
Juli Slack			1					
Street Address	Employer/Occupa	ation/Labor Organization*			***************************************	Form (Cash, Check, etc.)		
49 Greenmill						Check		
City	State	Zip Code	M	D	Y	Amount		
Blacklick	O   H	43004	1 1	0 3	0 8	50.00		
Full Name of Contributor			Registra	ation Num	ber, if PA	C		
William Soltis					44 44 5			
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
66 Olentangy St		1		<u></u> A41		Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43202	111	0 3	0 8	50.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Roniann Thornton					1.1.5.5.			
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
2717 Alton Darby Creek						15.00		
City	State	Zip Code	M	D	Y	Amount		
Hilliard	OH	43026	1 1	0 3	0 8	5.00		
Full Name of Contributor Registration Number, if PAC								
Diana Varrone								
Street Address	Employer/Occupa				Form (Cash, Check, etc.)			
7450 Grand Haven Ct					433	Check		
City	1 - 1	Zip Code	М	D	Y	Amount		
Pickerington	O   H	43147	1 1	0 3	0 8	15.00		
annual tan annual ations for a district to many a		The state of the s		THE RESERVE	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	The second section of the second seco		

Page	Total	\$ 260.00

<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)]