

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 Vickie Roush						Registration Number, if PAC			
Street Address 7807 Fairfax Loop Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick	State O	H H	Zip Code 43004	M 1	D 1	Y 0	Amount 10.00		
Full Name of Contributor Bonnie Schaad						Registration Number, if PAC			
Street Address 5524 San Gabriel Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43213	M 1	D 1	Y 0	Amount 25.00		
Full Name of Contributor Cheryl Schuh						Registration Number, if PAC			
Street Address 8384 Sawmill Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell	State O	H H	Zip Code 43065	M 1	D 1	Y 0	Amount 5.00		
Full Name of Contributor Brenda Sims						Registration Number, if PAC			
Street Address 283 Center St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport	State O	H H	Zip Code 43125	M 1	D 1	Y 0	Amount 100.00		
Full Name of Contributor Juli Slack						Registration Number, if PAC			
Street Address 49 Greenmill			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick	State O	H H	Zip Code 43004	M 1	D 1	Y 0	Amount 50.00		
Full Name of Contributor William Soltis						Registration Number, if PAC			
Street Address 66 Olentangy St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43202	M 1	D 1	Y 0	Amount 50.00		
Full Name of Contributor Roniann Thornton						Registration Number, if PAC			
Street Address 2717 Alton Darby Creek			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) 15.00		
City Hilliard	State O	H H	Zip Code 43026	M 1	D 1	Y 0	Amount 5.00		
Full Name of Contributor Diana Varrone						Registration Number, if PAC			
Street Address 7450 Grand Haven Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pickerington	State O	H H	Zip Code 43147	M 1	D 1	Y 0	Amount 15.00		

* 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 \$ 260.00