

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 Jennifer Freshly					Registration Number, if PAC		
Street Address 172 Cornell Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0	D 6	Y 2	Amount 5.00	
Full Name of Contributor Lindsay Friel					Registration Number, if PAC		
Street Address 152 Flint Ridge Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0	D 6	Y 2	Amount 3.00	
Full Name of Contributor Brandy Grieves					Registration Number, if PAC		
Street Address 6754 Berend St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0	D 6	Y 2	Amount 7.00	
Full Name of Contributor Monique Hamilton					Registration Number, if PAC		
Street Address 8149 Reynoldswood Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 6	Y 2	Amount 11.00	
Full Name of Contributor Lori Hitsman					Registration Number, if PAC		
Street Address 320 Sheryl Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0	D 6	Y 2	Amount 11.00	
Full Name of Contributor Amiee Holloway					Registration Number, if PAC		
Street Address 448 Crestmoore Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0	D 6	Y 2	Amount 30.00	
Full Name of Contributor Bruce Hoover					Registration Number, if PAC		
Street Address 3065 Royal Dornoch Circle		Employer/Occupation/Labor Organization* Groveport Madison LSD/Superintendent			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 0	D 6	Y 2	Amount 70.00	
Full Name of Contributor Robin Howie					Registration Number, if PAC		
Street Address 5247 Gobel Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0	D 6	Y 2	Amount 5.00	

* 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)]