

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 The Final Floor Inc.						Registration Number, if PAC			
Street Address PO Box 380			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Sugar Grove		State O H	Zip Code 43155		M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor Refrigeration Services Company Inc.						Registration Number, if PAC			
Street Address 7300 Jackson Pike			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Lockbourne		State O H	Zip Code 43137		M 0	D 3	Y 2	Amount 500.00	
Full Name of Contributor Mary Tedrow						Registration Number, if PAC			
Street Address 6269 Lithopolis Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport		State O H	Zip Code 43125		M 0	D 3	Y 2	Amount 250.00	
Full Name of Contributor David Lanning						Registration Number, if PAC			
Street Address 5375 Reading Township Rd 143 NE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Somerset		State O H	Zip Code 43783		M 0	D 3	Y 2	Amount 50.00	
Full Name of Contributor Christine Bowser						Registration Number, if PAC			
Street Address 7788 Tokatee Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pickerington		State O H	Zip Code 43147		M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor Mary Schroeder						Registration Number, if PAC			
Street Address 7233 Eventrail Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell		State O H	Zip Code 43062		M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor William Young JR						Registration Number, if PAC			
Street Address 42 Sycamore Creek Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pataskala		State O H	Zip Code 43062		M 0	D 3	Y 2	Amount 250.00	
Full Name of Contributor H Scott McKenzie						Registration Number, if PAC			
Street Address 2374 Brixton Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Columbus		State O H	Zip Code 43221		M 0	D 3	Y 2	Amount 250.00	

* 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)]