

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 Ryan Grashel					Registration Number, if PAC		
Street Address 467 Elm Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 4	D 0 1	Y 1 4	Amount 4.55	
Full Name of Contributor Jennifer Robison					Registration Number, if PAC		
Street Address 4865 Greengate Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 4	D 0 1	Y 1 4	Amount 4.55	
Full Name of Contributor Breanne Frank					Registration Number, if PAC		
Street Address 3135 Overton Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State O H	Zip Code 43068	M 0 4	D 0 1	Y 1 4	Amount 4.55	
Full Name of Contributor Vicky Ottman					Registration Number, if PAC		
Street Address 6993 Britwell Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State O H	Zip Code 43068	M 0 4	D 0 1	Y 1 4	Amount 9.41	
Full Name of Contributor Macrina Gilliam					Registration Number, if PAC		
Street Address 5043 Canyon Grove Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Canal Winchester	State O H	Zip Code 43110	M 0 4	D 0 1	Y 1 4	Amount 23.97	
Full Name of Contributor Vicki Boyer					Registration Number, if PAC		
Street Address 694 Elm Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Groveport	State O H	Zip Code 43125	M 0 4	D 0 8	Y 1 4	Amount 9.41	
Full Name of Contributor Tina Villanueva					Registration Number, if PAC		
Street Address 5227 Carbondale Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43232	M 0 4	D 1 3	Y 1 4	Amount 38.54	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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))