

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 M Elizabeth Stevenson						Registration Number, if PAC			
Street Address 118 Gayle Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pickerington	State O	H H	Zip Code 43147	M 0	D 5	Y 0	Amount 30.00		
Full Name of Contributor Jack Wills						Registration Number, if PAC			
Street Address 469 Beaverbrook Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 5	Y 0	Amount 30.00		
Full Name of Contributor Kathleen Murdock						Registration Number, if PAC			
Street Address 2301 Nayland Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43220	M 0	D 5	Y 0	Amount 85.00		
Full Name of Contributor Rita Furniss						Registration Number, if PAC			
Street Address 2972 Arrowsmith Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O	H H	Zip Code 43068	M 0	D 5	Y 0	Amount 25.00		
Full Name of Contributor Linda Miller						Registration Number, if PAC			
Street Address 839 Euclaire Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Bexley	State O	H H	Zip Code 43209	M 0	D 5	Y 0	Amount 25.00		
Full Name of Contributor Gail Wright						Registration Number, if PAC			
Street Address 2585 Darling Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 5	Y 0	Amount 100.00		
Full Name of Contributor James Sullivan						Registration Number, if PAC			
Street Address 171 Meadow Ridge Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell	State O	H H	Zip Code 43065	M 0	D 5	Y 0	Amount 100.00		
Full Name of Contributor Michael Beck						Registration Number, if PAC			
Street Address 608 Rambling Brook Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pickerington	State O	H H	Zip Code 43147	M 0	D 5	Y 0	Amount 25.00		

* 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 \$ 420.00