Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		,					
Groveport Madison Committee for Be	etter <u>Scho</u>	<u>ols</u>		- ·			
dame of Contributor				Registration Number, if PAC			
Susan Moore					,	,	<u> </u>
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash. Check. etc.)
5075 Cherry Blossom Drive			<u></u>				Check
City	State		Zip Code	M _.	D	Y.	Amount
Groveport	[0]	H	43125	0 2	2 8	$1 \mid 4$	6.00
Full Name of Contributor Registration Number, if PAC							
Ricart							
Street Address	Employer/O	ссира	tion/Labor Organization*				Form (Cash. Check, etc.)
4255 South Hamilton Road							Check
City	State		Zip Code	М	D	Y	Amount
Groveport	01	Н	43125	013	0 4	1 4	100.00
Full Name of Contributor						ber, if PA	
William Kirby							
Street Address	Employer/O	ссира	tion/Labor Organization*				Form (Cash, Check, etc.)
1790 Zuber Road						Check	
City	State		Zip Code	М	D	Y	Amount
Grove City	101	Н	43123	013	111	114	50.00
Full Name of Contributor	, ,		_ 10120		tion Num	ber. if PA	
Alan Blake				1			
Street Address	Employer/O	ссира	tion/Labor Organization*				Form (Cash, Check, etc.)
67 Bohver Avenue		F -					Check
Cirv	State		Zip Code	М	D	Y	Amount
Pataskala	. I .	Н	43062	013		1 4	50.00
Full Name of Contributor	101		13002			ber, if PA	
Anna Harmon				Kegisua	uon raun	Dei, ji FA	C
Street Address	Employer/O	ccuna	tion/Labor Organization*		_		Form (Cash, Check, etc.)
4151 Parviewlake Drive	Limpioyeno	ссира	nontrator Organization				•
City	State		Zip Code	Lu	<u> </u>	I v	Check
Columbus	1 _ 1	Н	l '	M	D	Y	Amount
Full Name of Contributor	0	11	43207	0 3	1 1	114	10.00
regulation values at the							
Rodney Dickerson Street Address	Tet. 10			<u> </u>			
	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
220 Harbinger Drive	 		P: C 1	- 1 14			Check
	State		Zip Code	M	D	Y	Amount
Groveport	01	1 1	43125			1 4	
Full Name of Contributor				Registra	ton Num	ber, if PA	С
Bepler Enterprises, Inc.	·			<u> </u>			
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, Check, etc.)
3246 Noe Bixby Road Suite C	_				,		Check
City	State		Zip Code	M	Đ	Y	Amount
<u>Columbus</u>	101	H	43232	0 3	111	$1 \mid 4$	100.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С
Bepler Insurance							
Street Address	Employer/O	ссира	tion/Labor Organization*				Form (Cash, Check, etc.)
3246 Noe Bixby Road							<u>Check</u>
City	State		Zip Code	M	D	Y	Amount
Columbus	01	Н	43232	0 3	1 1	1 4	100.00

Page Total \$	466.00				

^{*} 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)]