31-A
R.C. 3517.10

Page 6

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						**Registration Number, if PAC**	
Todd Boggs							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
4628 Pickerington Rd.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Carroll	O | H	43112	0 | 4	0 | 3	1 | 3	5.00	
Full Name of Contributor						**Registration Number, if PAC**	
Brent Bohman							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
4998 Gilwood Dr						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Hilliard	O | H	43026	0 | 4	0 | 3	1 | 3	3.00	
Full Name of Contributor						**Registration Number, if PAC**	
Lori Brackett							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
11506 Cedar Creek Drive						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Canal Winchester	O | H	43110	0 | 4	0 | 3	1 | 3	5.00	
Full Name of Contributor						**Registration Number, if PAC**	
April Bray							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
416 Sernade St.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Reynoldsburg	O | H	43068	0 | 4	0 | 3	1 | 3	5.00	
Full Name of Contributor						**Registration Number, if PAC**	
Sarah Bright							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
3890 Mulryan Dr						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Dublin	O | H	43016	0 | 4	0 | 3	1 | 3	5.00	
Full Name of Contributor						**Registration Number, if PAC**	
Susan Burnett							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
4651 Sperry Ave.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Gahanna	O | H	43230	0 | 4	0 | 3	1 | 3	5.00	
Full Name of Contributor						**Registration Number, if PAC**	
Gina Capra							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
7488 Upper Cambridge Way						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Westerville	O | H	43082	0 | 4	0 | 3	1 | 3	10.00	
Full Name of Contributor						**Registration Number, if PAC**	
Ryan Cieply							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
11403 Meadowcroft St.						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Pickerington	O | H	43147	0 | 4	0 | 3	1 | 3	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)]

Page Total $ 43.00