

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 Amy Jones					Registration Number, if PAC		
Street Address 8455 Amarillo Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 0 4	D 0 3	Y 1 3	Amount 11.00	
Full Name of Contributor Vicki Keck					Registration Number, if PAC		
Street Address 5301 Princeton Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 4	D 0 3	Y 1 3	Amount 25.00	
Full Name of Contributor Sally Kidd					Registration Number, if PAC		
Street Address 2869 Barrows Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43232	M 0 4	D 0 3	Y 1 3	Amount 25.00	
Full Name of Contributor Deborah Lefever					Registration Number, if PAC		
Street Address 116 Bellefield Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0 4	D 0 3	Y 1 3	Amount 5.00	
Full Name of Contributor Veronica Leport					Registration Number, if PAC		
Street Address 3418 London Lancaster Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 4	D 0 3	Y 1 3	Amount 5.00	
Full Name of Contributor Lindsey Malacos					Registration Number, if PAC		
Street Address 1068 1/2 Mt. Pleasant Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 4	D 0 3	Y 1 3	Amount 3.00	
Full Name of Contributor Amie Marburger					Registration Number, if PAC		
Street Address 170 Green Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 4	D 0 3	Y 1 3	Amount 5.00	
Full Name of Contributor Kelly Mitchell					Registration Number, if PAC		
Street Address 10125 Wellington Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0 4	D 0 3	Y 1 3	Amount 15.00	

* 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)]