

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 Victoria Albrecht					Registration Number, if PAC		
Street Address 1467 Argus Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43227	M 0 4	D 0 3	Y 1 3	Amount 5.00	
Full Name of Contributor Dione Allen					Registration Number, if PAC		
Street Address 6485 Nottinghill Trail Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 4	D 0 3	Y 1 3	Amount 10.00	
Full Name of Contributor Jamie Allen					Registration Number, if PAC		
Street Address 2255 Golden Leaf Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43223	M 0 4	D 0 3	Y 1 3	Amount 10.00	
Full Name of Contributor Vicki Allen					Registration Number, if PAC		
Street Address 1921 W Audobon Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lancaster	State O H	Zip Code 43130	M 0 4	D 0 3	Y 1 3	Amount 5.00	
Full Name of Contributor David Anthony					Registration Number, if PAC		
Street Address 2563 Long Bow		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lancaster	State O H	Zip Code 43130	M 0 4	D 0 3	Y 1 3	Amount 7.00	
Full Name of Contributor Dawn Baldwin					Registration Number, if PAC		
Street Address 7736 Essex Gate Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 4	D 0 3	Y 1 3	Amount 5.00	
Full Name of Contributor Margaret Beaver					Registration Number, if PAC		
Street Address 4335 Sour Run Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Wellston	State O H	Zip Code 45692	M 0 4	D 0 3	Y 1 3	Amount 20.00	
Full Name of Contributor Jonathan Beck					Registration Number, if PAC		
Street Address 5201 Stoltz 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	

* 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)]