

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 Strategic Solutions						Registration Number, if PAC			
Street Address 42 Townline Road 151			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Norwalk		State O H		Zip Code 44857		M D Y 0 4 0 7 1 4		Amount 100.00	
Full Name of Contributor Information Design, Inc.						Registration Number, if PAC			
Street Address 4055 Executive Park Drive Ste 400			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Cincinnati		State O H		Zip Code 45241		M D Y 0 4 0 8 1 4		Amount 100.00	
Full Name of Contributor MT Business Technologies						Registration Number, if PAC			
Street Address 1150 National Parkway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Mansfield		State O H		Zip Code 44906		M D Y 0 4 0 3 1 4		Amount 5,000.00	
Full Name of Contributor Maria McGraw						Registration Number, if PAC			
Street Address 468 Crestmoore Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Groveport		State O H		Zip Code 43125		M D Y 0 4 1 4 1 4		Amount 35.00	
Full Name of Contributor Randy Bank and Beck Princehorn						Registration Number, if PAC OH821			
Street Address 100 South Third Street			Employer/Occupation/Labor Organization* Bricker & Eckler LLP				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43215		M D Y 0 4 0 7 1 4		Amount 1,000.00	
Full Name of Contributor Susan Moore						Registration Number, if PAC			
Street Address 5075 Cherry Blossom Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport		State O H		Zip Code 43125		M D Y 0 1 3 0 1 4		Amount 6.00	
Full Name of Contributor Maria McGraw						Registration Number, if PAC			
Street Address 468 Crestmoore Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Groveport		State O H		Zip Code 43125		M D Y 0 3 1 4 1 4		Amount 153.15	
Full Name of Contributor Jared Hovlman						Registration Number, if PAC			
Street Address 3345 Everson Rd W			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State O H		Zip Code 43232		M D Y 0 3 0 2 1 4		Amount 4.55	

* 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)]