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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Crossport Madison Committee for Rotton Cohools										
Groveport Madison Committee for Better Schools Full Name of Contributor					Declarate Market (CDAC)					
				Registration Number, if PAC						
Strategic Solutions Street Address	Employar/C	bauna	tion/Labor Organization*	L		1	Form (Cash, Check, et	ia.		
42 Townline Road 151	Eubiokenc	жецра	domeration Organization.				,	(c.)		
42 TOWTHINE ROAD 151 City	State		Zip Code	M	D	Υ	Check			
Norwalk		н	44857	1 .	017	1 4		00.00		
Full Name of Contributor		••	44037					0.00		
Information Design, Inc.	lErmlover/C	Jeenna	tion/Labor Organization*	Ь—			Form (Cash, Check, et	(c.)		
4055 Executive Park Drive Ste 400	Lingioyene	лесири	noisemon Organization				Check	u.,		
City	State		Zip Code	M	D	Y	Amount			
Cincinnati		Н	45241	0 4	l .	1 4		00.00		
Full Name of Contributor	0		43241	o		111		00.00		
Full Name of Contributor Registration Number, if PAC MT Business Technologies										
Street Address	Employer/C	Эссипа	tion/Labor Organization*				Form (Cash, Check, et	re)		
1150 National Parkway	J. A.	recupu	dois Embor Organization				Check	,		
City	State		Zip Code	l M	D	Y	Amount			
Mansfield	I .	Н	44906	0 4	I	1 4		00.00		
Full Name of Contributor	101	_	11700		tion Num	111		00.00		
Maria McGraw							•			
Street Address	Employer/C	Эссира	tion/Labor Organization*	ч—			Form (Cash, Check, et	tc.)		
468 Crestmoore Drive	' '	•					Cash	,		
City	State		Zip Code	M	D	Y	Amount			
Groveport	lol	Н	43125	0 4	1 4	1 4	2	35.00		
Full Name of Contributor	<u> </u>		10120		tion Num	A , A		55.00		
Randy Bank and Beck Princehorn				LOF	[821					
Street Address	Employer/C	Эссира	tion/Labor Organization*				Form (Cash. Check. et	tc.)		
100 South Third Street	Brick	er &	Eckler LLP				Check			
City	State	_	Zip Code	М	D	Y	Amount			
Columbus	lot	Н	43215	014	017	1 4	1.00	00.00		
Full Name of Contributor					tion Num	ber, if PA				
Susan-Moore										
Street Address	Employer/C	Эссира	tion/Labor Organization*	<u>*</u>		}	Form (Cash, Check, et	tc.)		
5075 Cherry Blossom Drive							Check			
City	State		Zip Code	М	Ð	Ý	Amount			
Groveport_	01	H	43125	0 1	3 0	$1 \mid 4$		6.00		
Full Name of Contributor			-		tion Num					
Maria McGraw										
Street Address	Employer/C	Эссира	tion/Labor Organization*	-			Form (Cash, Check, et	ic.)		
468 Crestmoore Drive	ļ						Cash			
City	State	i	Zip Code	M	Ð	Y	Атюши			
Groveport	<u> </u>	$H_{\underline{}}$	43125	0 3	1 4	$1 \mid 4$	15	53.15		
Full Name of Contributor Registration Number, if PAC										
Jared Hovlman										
Street Address	Employer/C	Эссира	tion/Labor Organization*				Form (Cash, Check, et	ic.)		
3345 Everson Rd W							Cash			
City	State		Zip Code	M	D	Y	Amount			
Columbus		H	43232	013	0 2	$1 \mid 4$		4.55		

Page Total \$ 6.398.70

^{*} 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)]