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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Groveport Madison Committee for 1	Better Schools						
Full Name of Contributor	Regi		Registra	egistration Number, if PAC			
Rvan Grashel							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
467 Elm Street						Cash	
City	State	Zip Code	M	D	Y	Amount	
Groveport	OIH	43125	014	0   1	114	4.55	
Full Name of Contributor	<u> </u>	1		tion Num	ber. if PA		
Jennifer Robison							
Street Address	Employer/Occup	ation/Labor Organization*			-	Form (Cash, Check, etc.)	
4865 Greengate Drive		*				Cash	
City	State	Zip Code	М	D	Y	Amount	
Groveport	OIH	43125	0 4	0 1	1 4	4.55	
Full Name of Contributor	101	10120		tion Num	1		
Breanne Frank			112 gas-u-u				
Street Address	Employer/Occup	ation/Labor Organization*			<del></del> -	Form (Cash. Check. etc.)	
3135 Overton Wav	Employen occup	adois cacor Organization				Cash	
City	State	Zip Code	l M	Ð	Y	Casn Amount	
<b>1</b> '	OIH	1 '	014	l .	l .		
Reynoldsburg Full Name of Contributor	10111	43068		0 1	1 4	4.55	
Vicky Ottman			Kegistia	uon Num	bei. ii PA		
VICKY OTTMAN Street Address	JE-1	-di-di-late-Odi-di-di-di-				n	
	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
6993 Britwell Lane		Tel a i		r _		Cash	
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	<u> </u>	43068		0 1	1   4	9.41	
Full Name of Contributor			Registra	tion Num	ber. if PA	.C	
Macrina Gilliam		<u></u>				<del></del>	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash. Check. etc.)	
5043 Canvon Grove Drive						Cash	
City	State	Zip Code	M	D.	Y	Amount	
Canal Winchester	OlH	43110	0 4	011	1 4	23.97	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Vicki Boyer							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
694 Elm Street						Cash	
City	State	Zip Code	M	D	Y	Amount	
Groveport	0   H	43125	0 4	018	$1 \mid 4$	9.41	
Full Name of Contributor			Registra	tion Num	ber, if PA	.c	
Tina Villanueva							
Street Address	Employer/Occup	ation/Labor Organization*	-			Form (Cash, Check, etc.)	
5227 Carbondale Drive						Cash	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OIH	43232	0 4	1   3	1   4	38.54	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
		- -					
City	State	Zip Code	М	D	Y	Amount	
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Page Total S	94.98

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)]