

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 M Elizabeth Stevenson			Registration Number, if PAC		
Street Address 118 Gayle Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Pickerington	State O	Zip Code H 43147	M 0	D 7	Y 1 0 1 2
				Amount	30.00
Full Name of Contributor Christine Boucher			Registration Number, if PAC		
Street Address 4821 Elmont Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Groveport	State O	Zip Code H 43125	M 0	D 7	Y 1 0 1 2
				Amount	20.00
Full Name of Contributor Petermann			Registration Number, if PAC		
Street Address 8041 Hosbrook Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Cincinnati	State O	Zip Code H 45236	M 0	D 7	Y 2 0 1 2
				Amount	5,000.00
Full Name of Contributor Groveport Madison Local Education Association			Registration Number, if PAC		
Street Address 139 Cleveland Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Lancaster	State O	Zip Code H 43130	M 0	D 7	Y 2 0 1 2
				Amount	300.00
Full Name of Contributor Kristine Ensign			Registration Number, if PAC		
Street Address 3409 Brook Spring Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City	State O	Zip Code H 43123	M 0	D 7	Y 2 0 1 2
				Amount	50.00
Full Name of Contributor Anonymous			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City	State	Zip Code	M	D	Y
				Amount	90.00
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y
				Amount	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y
				Amount	

* 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)]