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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full                            |                 |                            |          | _        |             |                          |
|------------------------------------------------------|-----------------|----------------------------|----------|----------|-------------|--------------------------|
| Groveport Madison Committee For E                    | Better School   | S                          |          |          |             |                          |
| Full Name of Contributor                             |                 |                            | Registra | tion Num | ber, if PA  | vC .                     |
| Rickey Clark                                         |                 |                            |          |          |             |                          |
| Street Address                                       | Employer/Occup  | oation/Labor Organization* |          |          |             | Form (Cash, Check, etc.) |
| 4997 Birch Grove Dr                                  |                 |                            |          |          |             | Check                    |
| City                                                 | State           | Zip Code                   | М        | Ð        | Y           | Amount                   |
| Groveport                                            | $O \mid H$      | 43125                      | 015      | 0 7      | 1 3         | 5.00                     |
| Full Name of Contributor                             |                 |                            | Registra | tion Num | ber, if PA  | \C                       |
| Deanna Clinger                                       |                 |                            | 1        |          |             |                          |
| Street Address                                       | Employer/Occup  | nation/Labor Organization* | _        |          |             | Form (Cash, Check, etc.) |
| 5133 Phillips Run                                    |                 |                            |          |          |             | Check                    |
| City                                                 | State           | Zip Code                   | М        | D        | Y           | Amount                   |
| Canal Winchester                                     | ОІН             | 43110                      | 015      | 017      | 1 3         | 20.00                    |
| Full Name of Contributor                             |                 | 10110                      |          |          | ber, if PA  | A                        |
| Dorethia Copas                                       |                 |                            | 1        |          | •           |                          |
| Street Address                                       | Employer/Occur  | pation/Labor Organization* |          | · ·      |             | Form (Cash, Check, etc.) |
| 128 Leasure Dr                                       |                 |                            |          |          |             | Check                    |
| City                                                 | State           | Zip Code                   | М        | D        | Y           | Amount                   |
|                                                      | OH              | 43147                      | 015      | I        | 1           | 20.00                    |
| Pickerington Full Name of Contributor                | 10111           | 4314/                      | _        |          | ber, if PA  |                          |
|                                                      |                 |                            | Registia | uon nun  | idei, ii PP | ic .                     |
| Heidi Day<br>Street Address                          | Emmission/Ossum | anian // ahan Oamaianian k |          |          |             | Ë (C. 1. Cl. 1. (.)      |
| L                                                    | Employer/Occup  | oation/Labor Organization* |          |          |             | Form (Cash, Check, etc.) |
| 8467 Kingsley Dr                                     |                 | 17: 0.1                    | 1 37     |          |             | Check                    |
| City                                                 | State           | Zíp Code                   | M        | D .      | Y           | Amount                   |
| Reynoldsburg                                         | OlH             | 43068                      | 0 5      |          | 1 3         | 3.00                     |
| Full Name of Contributor                             |                 |                            | Registra | tion Num | ber, if PA  | VC .                     |
| Matt Decastro                                        | 1               |                            |          |          |             |                          |
| Street Address                                       | Employer/Occup  | pation/Labor Organization* |          |          |             | Form (Cash, Check, etc.) |
| 3860 Chestnut Ridge Loop                             |                 |                            |          |          |             | Check                    |
| City                                                 | State           | Zip Code                   | M        | D        | Y           | Amount                   |
| Columbus                                             | OH              | 43230                      | 0 5      | 0 7      | 1 3         | 20.00                    |
| Full Name of Contributor                             |                 |                            | Registra | tion Num | ber, if PA  | VC                       |
| Jane Deckard                                         |                 |                            |          |          | _           |                          |
| Street Address                                       | Employer/Occup  | oation/Labor Organization* |          |          |             | Form (Cash, Check, etc.) |
| 3808 Laguna Dr                                       |                 |                            |          |          |             | Check                    |
| City                                                 | State           | Zip Code                   | M        | D        | Y           | Amount                   |
| Columbus                                             | OH              | 43232                      | 015      | 017      | 1 3         | 5.00                     |
| Full Name of Contributor                             | •               |                            |          |          | ber, if PA  |                          |
| Ashley Dibling                                       |                 |                            |          |          |             |                          |
| Street Address                                       | Employer/Occup  | pation/Labor Organization* |          |          |             | Form (Cash, Check, etc.) |
| 441 Shagbark Ct                                      |                 |                            |          |          |             | Check                    |
| City                                                 | State           | Zip Code                   | М        | D        | Y           | Amount                   |
| Pickerington                                         | OIH             | 43147                      | 0 5      | 017      | 1 3         | 5.00                     |
| Full Name of Contributor Registration Number, if PAC |                 |                            |          |          |             |                          |
| Todalian ramba, ii i re                              |                 |                            |          |          |             |                          |
| Street Address                                       | Employer/Occup  | pation/Labor Organization* |          |          |             | Form (Cash, Check, etc.) |
|                                                      |                 | •                          |          |          |             | , ,,                     |
| City                                                 | State           | Zip Code                   | М        | D        | Y           | Amount                   |
|                                                      |                 |                            |          |          |             |                          |
|                                                      | ·               |                            |          | <u> </u> | 1           |                          |

\* 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)]

| Page Total \$ | 78.00 |
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|               |       |