

FILED

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Groveport Madison Committee For Better Schools</b>						Registration Number, if PAC N/A		
Full Name of Candidate N/A								
Street Address 8082 Pontius Rd.					Office Sought N/A		District	
City Groveport					State OH	Zip Code 43125		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General	XX	Post-General	Annual Year
	July		August		September			Semiannual
	Monthly		Monthly		Monthly		Termination	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		
	M	D	Y	1	1	0	4	0 8

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 8,670.11
2. Total monetary contributions (From Form No. 31-A)	\$ 3,885.00
3. Total other income (From Form No. 31-A-2)	\$ 1.87
4. Total funds available (sum of lines 1, 2, 3)	\$ 12,556.98
5. Total monetary expenditures (From Form No. 31-B)	\$ 6,257.71
6. Balance on hand (line 4 minus line 5)	\$ 6,299.27
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Marti Prince Print Name and Title (Treasurer and Deputy Treasurer only)      Marti Prince Signature      12/09/08 Date

Contribution pages 10

Expenditure pages 1

Other pages 1

Total pages 13

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>						
Full Name of Contributor <b>Refrigeration Services Company Inc.</b>				Registration Number, if PAC		
Street Address <b>7300 Jackson Pike</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lockbourne</b>	State <b>O   H</b>	Zip Code <b>43137</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Obetz Hardware &amp; Builders Supply Inc.</b>				Registration Number, if PAC		
Street Address <b>4256 Groveport Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Obetz</b>	State <b>O   H</b>	Zip Code <b>43207</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Kathleen Murdock</b>				Registration Number, if PAC		
Street Address <b>2301 Nayland Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43220</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Pickens Fence Co LLC</b>				Registration Number, if PAC		
Street Address <b>4838 Grove Pointe Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>250.00</b>
Full Name of Contributor <b>WDH Training Inc.</b>				Registration Number, if PAC		
Street Address <b>101 Kettering Bend</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Delaware</b>	State <b>O   H</b>	Zip Code <b>43015</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>300.00</b>
Full Name of Contributor <b>Melissa Fettrow</b>				Registration Number, if PAC		
Street Address <b>919 Hillgail Circle</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pataskala</b>	State <b>O   H</b>	Zip Code <b>43062</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Jeanne Saum</b>				Registration Number, if PAC		
Street Address <b>5477 Hayes Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Aneita Raver</b>				Registration Number, if PAC		
Street Address <b>7464 Loy Rush CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>25.00</b>

\* 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)]

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>						
Full Name of Contributor <b>Virinia Bahr</b>				Registration Number, if PAC		
Street Address <b>8258 Priestley Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>25.00</b>
Full Name of Contributor <b>H Scott McKenzie</b>				Registration Number, if PAC		
Street Address <b>1814 Millwood Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Upper Arlington</b>	State <b>O   H</b>	Zip Code <b>43221</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>200.00</b>
Full Name of Contributor <b>Jack Wills</b>				Registration Number, if PAC		
Street Address <b>469 Beaverbrook Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Mark Ball</b>				Registration Number, if PAC		
Street Address <b>5505 Pleasant Valley Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lancaster</b>	State <b>O   H</b>	Zip Code <b>43130</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Heidi Day</b>				Registration Number, if PAC		
Street Address <b>8467 Kingsley Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>6.00</b>
Full Name of Contributor <b>Patricia Fletcher</b>				Registration Number, if PAC		
Street Address <b>12176 Woodrow Lane</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>6.00</b>
Full Name of Contributor <b>Heather Garn</b>				Registration Number, if PAC		
Street Address <b>85 Catapla CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Kathy Hinton</b>				Registration Number, if PAC		
Street Address <b>8370 Bruce CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1</b>	D <b>1</b>	Y <b>0308</b>	Amount <b>6.00</b>

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Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>						
Full Name of Contributor <b>Aimee Holloway</b>				Registration Number, if PAC		
Street Address <b>448 Crestmoore Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43125</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>30.00</b>
Full Name of Contributor <b>Kerry Hurd</b>				Registration Number, if PAC		
Street Address <b>1541 Virginia Ave.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43212</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>10.00</b>
Full Name of Contributor <b>Janis Imwalle</b>				Registration Number, if PAC		
Street Address <b>690 Waybaugh Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>6.00</b>
Full Name of Contributor <b>H Scott McKenzie</b>				Registration Number, if PAC		
Street Address <b>1814 Millwood Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Upper Arlington</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43221</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>30.00</b>
Full Name of Contributor <b>Kathleen Monhollen</b>				Registration Number, if PAC		
Street Address <b>214 Durand St.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43147</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>30.00</b>
Full Name of Contributor <b>Susan Moore</b>				Registration Number, if PAC		
Street Address <b>5075 Cherry Blossom Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43125</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>6.00</b>
Full Name of Contributor <b>Deborah Munsch</b>				Registration Number, if PAC		
Street Address <b>9898 Melody Lane</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43147</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Mark Stack</b>				Registration Number, if PAC		
Street Address <b>875 Aries Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>25.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>						
Full Name of Contributor <b>Patricia Buening</b>				Registration Number, if PAC		
Street Address <b>5057 Jamestown Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43220</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>10.00</b>
Full Name of Contributor <b>Zachary Casperson</b>				Registration Number, if PAC		
Street Address <b>5546 Shagbark Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>10.00</b>
Full Name of Contributor <b>Deanna Clinger</b>				Registration Number, if PAC		
Street Address <b>5133 Phillips Run</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>75.00</b>
Full Name of Contributor <b>Megan Deister</b>				Registration Number, if PAC		
Street Address <b>746 Chelsea Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Bexley</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Lisa Downin</b>				Registration Number, if PAC		
Street Address <b>4880 Bixby Ridge Dr W</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Theresa Foster</b>				Registration Number, if PAC		
Street Address <b>10964 New Salam Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Thornville</b>	State <b>O   H</b>	Zip Code <b>43076</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Amanda Fout</b>				Registration Number, if PAC		
Street Address <b>4565 Parkwick Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>15.00</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43228</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Lindsay Friel</b>				Registration Number, if PAC		
Street Address <b>395 Vista Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>20.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>						
Full Name of Contributor <b>Wendy Frisbee</b>				Registration Number, if PAC		
Street Address <b>5287 Valley Forge St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Orient</b>	State <b>O   H</b>	Zip Code <b>43146</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>10.00</b>
Full Name of Contributor <b>Cynthia Goral</b>				Registration Number, if PAC		
Street Address <b>73 W Twin Maple</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lithopolis</b>	State <b>O   H</b>	Zip Code <b>43136</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>150.00</b>
Full Name of Contributor <b>Lori Hitsman</b>				Registration Number, if PAC		
Street Address <b>320 Sheryl Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Tina Isaly</b>				Registration Number, if PAC		
Street Address <b>5721 Venison Way</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>10.00</b>
Full Name of Contributor <b>Jennifer Jahn</b>				Registration Number, if PAC		
Street Address <b>1503 Runaway Bay</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43204</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Vicki Keck</b>				Registration Number, if PAC		
Street Address <b>5301 Princeton Lane</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Colleen Kehoe Conn</b>				Registration Number, if PAC		
Street Address <b>158 E Longview Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>15.00</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43202</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Alicia Keiber</b>				Registration Number, if PAC		
Street Address <b>7710 Blackburn CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>20.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>						
Full Name of Contributor <b>Robert LeBlanc</b>				Registration Number, if PAC		
Street Address <b>8310 Benson Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Carroll</b>	State <b>O   H</b>	Zip Code <b>43112</b>	M <b>1</b>	D <b>1</b>	Y <b>03</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Bryan Mayhew</b>				Registration Number, if PAC		
Street Address <b>5802 Donovans Bluff</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1</b>	D <b>1</b>	Y <b>03</b>	Amount <b>10.00</b>
Full Name of Contributor <b>Gayle McCreery</b>				Registration Number, if PAC		
Street Address <b>2849 Basil Western Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Baltimore</b>	State <b>O   H</b>	Zip Code <b>43105</b>	M <b>1</b>	D <b>1</b>	Y <b>03</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Megan Merritt</b>				Registration Number, if PAC		
Street Address <b>2879 Brookpark Circle</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>O   H</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>1</b>	Y <b>03</b>	Amount <b>10.00</b>
Full Name of Contributor <b>Kelley Mitchell</b>				Registration Number, if PAC		
Street Address <b>10125 Wellington Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1</b>	D <b>1</b>	Y <b>03</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Jackie Moore</b>				Registration Number, if PAC		
Street Address <b>9274 Southchester Dr NW</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1</b>	D <b>1</b>	Y <b>03</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Amy Novar</b>				Registration Number, if PAC		
Street Address <b>5661 Trotters Trail</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>15.00</b>	
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1</b>	D <b>1</b>	Y <b>03</b>	Amount <b>30.00</b>
Full Name of Contributor <b>Cynthia Pence</b>				Registration Number, if PAC		
Street Address <b>665 Montmorency Dr E</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1</b>	D <b>1</b>	Y <b>03</b>	Amount <b>25.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>						
Full Name of Contributor <b>Vickie Roush</b>				Registration Number, if PAC		
Street Address <b>7807 Fairfax Loop Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Blacklick</b>	State <b>O   H</b>	Zip Code <b>43004</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>10.00</b>
Full Name of Contributor <b>Bonnie Schaad</b>				Registration Number, if PAC		
Street Address <b>5524 San Gabriel Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43213</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Cheryl Schuh</b>				Registration Number, if PAC		
Street Address <b>8384 Sawmill Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Powell</b>	State <b>O   H</b>	Zip Code <b>43065</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>5.00</b>
Full Name of Contributor <b>Brenda Sims</b>				Registration Number, if PAC		
Street Address <b>283 Center St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Juli Slack</b>				Registration Number, if PAC		
Street Address <b>49 Greenmill</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Blacklick</b>	State <b>O   H</b>	Zip Code <b>43004</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>50.00</b>
Full Name of Contributor <b>William Soltis</b>				Registration Number, if PAC		
Street Address <b>66 Olentangy St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43202</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Roniann Thornton</b>				Registration Number, if PAC		
Street Address <b>2717 Alton Darby Creek</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>15.00</b>	
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>5.00</b>
Full Name of Contributor <b>Diana Varrone</b>				Registration Number, if PAC		
Street Address <b>7450 Grand Haven Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>15.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>						
Full Name of Contributor <b>Victoria Vazquez</b>				Registration Number, if PAC		
Street Address <b>2967 Culver</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Susan Wilcox</b>				Registration Number, if PAC		
Street Address <b>629 Salt Lick Ln</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Pam Wilson</b>				Registration Number, if PAC		
Street Address <b>379 Shell Court E</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Whitehall</b>	State <b>O   H</b>	Zip Code <b>43213</b>	M <b>1   1</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Simon Roofing and Sheet Metal Corp</b>				Registration Number, if PAC		
Street Address <b>70 Karago Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Youngstown</b>	State <b>O   H</b>	Zip Code <b>44512</b>	M <b>1   1</b>	D <b>1   3</b>	Y <b>0   8</b>	Amount <b>1,000.00</b>
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
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

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>						
Full Name of Contributor <b>Heidi Day</b>				Registration Number, if PAC		
Street Address <b>8467 Kingsley Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   1</b>	D <b>1   3</b>	Y <b>0   8</b>	Amount <b>3.00</b>
Full Name of Contributor <b>Patricia Fletcher</b>				Registration Number, if PAC		
Street Address <b>12176 Woodrow Lane</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1   1</b>	D <b>1   3</b>	Y <b>0   8</b>	Amount <b>3.00</b>
Full Name of Contributor <b>Kathy Hinton</b>				Registration Number, if PAC		
Street Address <b>8370 Bruce Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1   1</b>	D <b>1   3</b>	Y <b>0   8</b>	Amount <b>3.00</b>
Full Name of Contributor <b>Aimee Holloway</b>				Registration Number, if PAC		
Street Address <b>448 Crestmoore Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1   1</b>	D <b>1   3</b>	Y <b>0   8</b>	Amount <b>15.00</b>
Full Name of Contributor <b>Janis Imwalle</b>				Registration Number, if PAC		
Street Address <b>690 Waybaugh Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   1</b>	D <b>1   3</b>	Y <b>0   8</b>	Amount <b>3.00</b>
Full Name of Contributor <b>H Scott McKenzie</b>				Registration Number, if PAC		
Street Address <b>1814 Millwood Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Upper Arlington</b>	State <b>O   H</b>	Zip Code <b>43221</b>	M <b>1   1</b>	D <b>1   3</b>	Y <b>0   8</b>	Amount <b>15.00</b>
Full Name of Contributor <b>Susan Moore</b>				Registration Number, if PAC		
Street Address <b>5075 Cherry Blossom Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1   1</b>	D <b>1   3</b>	Y <b>0   8</b>	Amount <b>3.00</b>
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

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>						
Full Name of Contributor <b>Heidi Day</b>				Registration Number, if PAC		
Street Address <b>8467 Kingsley Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   2</b>	D <b>0   4</b>	Y <b>0   8</b>	Amount <b>3.00</b>
Full Name of Contributor <b>Patricia Fletcher</b>				Registration Number, if PAC		
Street Address <b>12176 Woodrow Lane</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1   2</b>	D <b>0   4</b>	Y <b>0   8</b>	Amount <b>3.00</b>
Full Name of Contributor <b>Kathy Hinton</b>				Registration Number, if PAC		
Street Address <b>8370 Bruce Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1   2</b>	D <b>0   4</b>	Y <b>0   8</b>	Amount <b>3.00</b>
Full Name of Contributor <b>Aimee Holloway</b>				Registration Number, if PAC		
Street Address <b>448 Crestmoore Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1   2</b>	D <b>0   4</b>	Y <b>0   8</b>	Amount <b>15.00</b>
Full Name of Contributor <b>Janis Imwalle</b>				Registration Number, if PAC		
Street Address <b>690 Waybaugh Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   2</b>	D <b>0   4</b>	Y <b>0   8</b>	Amount <b>3.00</b>
Full Name of Contributor <b>H Scott McKenzie</b>				Registration Number, if PAC		
Street Address <b>1814 Millwood Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Upper Arlington</b>	State <b>O   H</b>	Zip Code <b>43221</b>	M <b>1   2</b>	D <b>0   4</b>	Y <b>0   8</b>	Amount <b>15.00</b>
Full Name of Contributor <b>Susan Moore</b>				Registration Number, if PAC		
Street Address <b>5075 Cherry Blossom Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>	State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1   2</b>	D <b>0   4</b>	Y <b>0   8</b>	Amount <b>3.00</b>
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

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>									
To Whom Paid <b>Postmaster</b>					M	D	Y	Amount	
					1	0	2 2	0 8	2,970.00
Address <b>Main Street</b>			Purpose <b>Postage for Campaign Mailings</b>						
City <b>Groveport</b>		State <b>O   H</b>	Zip Code <b>43125</b>	Check Number <b>1039</b>					
To Whom Paid <b>Russett Lithokraft</b>					M	D	Y	Amount	
					1	1	0 3	0 8	1,052.63
Address <b>4411 Marketing Place</b>			Purpose <b>Campaign Door Hanger</b>						
City <b>Groveport</b>		State <b>O   H</b>	Zip Code <b>43125</b>	Check Number <b>1040</b>					
To Whom Paid <b>George Bashur Marketing Communications Consulting</b>					M	D	Y	Amount	
					1	1	0 3	0 8	510.00
Address <b>57 Spicewood Lane</b>			Purpose <b>Campaign Postcards</b>						
City <b>Powell</b>		State <b>O   H</b>	Zip Code <b>43065</b>	Check Number <b>1041</b>					
To Whom Paid <b>Columbus Messenger Company</b>					M	D	Y	Amount	
					1	1	0 3	0 8	945.60
Address <b>3500 Sullivant Ave</b>			Purpose <b>Campaign Display Advertisement</b>						
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43204</b>	Check Number <b>1042</b>					
To Whom Paid <b>Russett Lithokraft</b>					M	D	Y	Amount	
					1	1	1 3	0 8	374.68
Address <b>4411 Marketing Place</b>			Purpose <b>Campaign Postcards</b>						
City <b>Groveport</b>		State <b>O   H</b>	Zip Code <b>43125</b>	Check Number <b>1043</b>					
To Whom Paid <b>Columbus Messenger Company</b>					M	D	Y	Amount	
					1	2	0 3	0 8	404.80
Address <b>3500 Sullivant Ave</b>			Purpose <b>Campaign Display Advertisement</b>						
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43204</b>	Check Number <b>1044</b>					
To Whom Paid					M	D	Y	Amount	
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount	
Address			Purpose						
City		State	Zip Code	Check Number					

