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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Groveport Madison Committee For Better Schools						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 Monthly		August Monthly		September Monthly			Termination	Semiannual		
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			
						0	5	0	5	0	9

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	\$	6,299.27
2. Total monetary contributions (From Form No. 31-A)	\$	3,050.00
3. Total other income (From Form No. 31-A-2)	\$	0.50
4. Total funds available (sum of lines 1, 2, 3)	\$	9,349.77
5. Total monetary expenditures (From Form No. 31-B)	\$	4,713.01
6. Balance on hand (line 4 minus line 5)	\$	4,636.76
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 _____ *Marti Prince* _____ 04/23/09 _____
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 9

Expenditure pages 1

Other pages 1

Total pages 12

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 Heidi Day					Registration Number, if PAC		
Street Address 8467 Kingsley Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 1	D 0 6	Y 0 9	Amount 6.00	
Full Name of Contributor Patricia Fletcher					Registration Number, if PAC		
Street Address 12176 Woodrow Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0 1	D 0 6	Y 0 9	Amount 6.00	
Full Name of Contributor Kathy Hinton					Registration Number, if PAC		
Street Address 8370 Bruce Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 1	D 0 6	Y 0 9	Amount 6.00	
Full Name of Contributor Aimee Holloway					Registration Number, if PAC		
Street Address 448 Crestmoore Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 1	D 0 6	Y 0 9	Amount 30.00	
Full Name of Contributor Janis Imwalle					Registration Number, if PAC		
Street Address 690 Waybaugh Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 1	D 0 6	Y 0 9	Amount 6.00	
Full Name of Contributor H Scott McKenzie					Registration Number, if PAC		
Street Address 1814 Millwood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 1	D 0 6	Y 0 9	Amount 30.00	
Full Name of Contributor Susan Moore					Registration Number, if PAC		
Street Address 5075 Cherry Blossom Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 1	D 0 6	Y 0 9	Amount 6.00	
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	

* 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)]

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Full Name of Contributor Heidi Day				Registration Number, if PAC		
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City Reynoldsburg	State O H	Zip Code 43068	M 0 1	D 2 1	Y 0 9	Amount 3.00
Full Name of Contributor Patricia Fletcher				Registration Number, if PAC		
Street Address 12176 Woodrow Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pickerington	State O H	Zip Code 43147	M 0 1	D 2 1	Y 0 9	Amount 3.00
Full Name of Contributor Kathy Hinton				Registration Number, if PAC		
Street Address 8370 Bruce Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Canal Winchester	State O H	Zip Code 43110	M 0 1	D 2 1	Y 0 9	Amount 3.00
Full Name of Contributor Aimee Holloway				Registration Number, if PAC		
Street Address 448 Crestmoore Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 1	D 2 1	Y 0 9	Amount 15.00
Full Name of Contributor Janis Imwalle				Registration Number, if PAC		
Street Address 690 Waybaugh Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0 1	D 2 1	Y 0 9	Amount 3.00
Full Name of Contributor H Scott McKenzie				Registration Number, if PAC		
Street Address 1814 Millwood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Upper Arlington	State O H	Zip Code 43221	M 0 1	D 2 1	Y 0 9	Amount 15.00
Full Name of Contributor Susan Moore				Registration Number, if PAC		
Street Address 5075 Cherry Blossom Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 1	D 2 1	Y 0 9	Amount 3.00
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

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City Reynoldsburg	State O H	Zip Code 43068	M 0 2	D 0 4	Y 0 9	Amount 3.00	
Full Name of Contributor Patricia Fletcher					Registration Number, if PAC		
Street Address 12176 Woodrow Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0 2	D 0 4	Y 0 9	Amount 3.00	
Full Name of Contributor Kathy Hinton					Registration Number, if PAC		
Street Address 8370 Bruce Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 2	D 0 4	Y 0 9	Amount 3.00	
Full Name of Contributor Aimee Holloway					Registration Number, if PAC		
Street Address 448 Crestmoore Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 2	D 0 4	Y 0 9	Amount 15.00	
Full Name of Contributor Janis Imwalle					Registration Number, if PAC		
Street Address 690 Waybaugh Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 2	D 0 4	Y 0 9	Amount 3.00	
Full Name of Contributor H Scott McKenzie					Registration Number, if PAC		
Street Address 1814 Millwood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 2	D 0 4	Y 0 9	Amount 15.00	
Full Name of Contributor Susan Moore					Registration Number, if PAC		
Street Address 5075 Cherry Blossom Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 2	D 0 4	Y 0 9	Amount 3.00	
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	

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City Reynoldsburg	State O H	Zip Code 43068	M 0 3	D 0 5	Y 0 9	Amount 6.00
Full Name of Contributor Patricia Fletcher				Registration Number, if PAC		
Street Address 12176 Woodrow Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pickerington	State O H	Zip Code 43147	M 0 3	D 0 5	Y 0 9	Amount 6.00
Full Name of Contributor Kathy Hinton				Registration Number, if PAC		
Street Address 8370 Bruce Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Canal Winchester	State O H	Zip Code 43110	M 0 3	D 0 5	Y 0 9	Amount 6.00
Full Name of Contributor Aimee Holloway				Registration Number, if PAC		
Street Address 448 Crestmoore Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 3	D 0 5	Y 0 9	Amount 30.00
Full Name of Contributor Janis Imwalle				Registration Number, if PAC		
Street Address 690 Waybaugh Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0 3	D 0 5	Y 0 9	Amount 6.00
Full Name of Contributor H Scott McKenzie				Registration Number, if PAC		
Street Address 1814 Millwood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Upper Arlington	State O H	Zip Code 43221	M 0 3	D 0 5	Y 0 9	Amount 30.00
Full Name of Contributor Susan Moore				Registration Number, if PAC		
Street Address 5075 Cherry Blossom Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 3	D 0 5	Y 0 9	Amount 6.00
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

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Full Name of Contributor Heidi Day						Registration Number, if PAC			
Street Address 8467 Kingsley Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State O H		Zip Code 43068		M D Y 0 3 2 7 0 9		Amount 3.00	
Full Name of Contributor Patricia Fletcher						Registration Number, if PAC			
Street Address 12176 Woodrow Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pickerington		State O H		Zip Code 43147		M D Y 0 3 2 7 0 9		Amount 3.00	
Full Name of Contributor Kathy Hinton						Registration Number, if PAC			
Street Address 8370 Bruce Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Canal Winchester		State O H		Zip Code 43110		M D Y 0 3 2 7 0 9		Amount 3.00	
Full Name of Contributor Aimee Holloway						Registration Number, if PAC			
Street Address 448 Crestmoore Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport		State O H		Zip Code 43125		M D Y 0 3 2 7 0 9		Amount 15.00	
Full Name of Contributor Janis Imwalle						Registration Number, if PAC			
Street Address 690 Waybaugh Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State O H		Zip Code 43230		M D Y 0 3 2 7 0 9		Amount 3.00	
Full Name of Contributor H Scott McKenzie						Registration Number, if PAC			
Street Address 1814 Millwood Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington		State O H		Zip Code 43221		M D Y 0 3 2 7 0 9		Amount 15.00	
Full Name of Contributor Susan Moore						Registration Number, if PAC			
Street Address 5075 Cherry Blossom Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport		State O H		Zip Code 43125		M D Y 0 3 2 7 0 9		Amount 3.00	
Full Name of Contributor Kevin Scott						Registration Number, if PAC			
Street Address 8375 Jefferson Rd NW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Carroll		State O H		Zip Code 43112		M D Y 0 3 2 7 0 9		Amount 40.00	

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Name of Committee in Full Groveport Madison Committee For Better Schools									
Full Name of Contributor The Final Floor Inc.						Registration Number, if PAC			
Street Address PO Box 380			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Sugar Grove		State O H	Zip Code 43155		M 0 3	D 2 7	Y 0 9	Amount 100.00	
Full Name of Contributor Refrigeration Services Company Inc.						Registration Number, if PAC			
Street Address 7300 Jackson Pike			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Lockbourne		State O H	Zip Code 43137		M 0 3	D 2 7	Y 0 9	Amount 500.00	
Full Name of Contributor Mary Tedrow						Registration Number, if PAC			
Street Address 6269 Lithopolis Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport		State O H	Zip Code 43125		M 0 3	D 2 7	Y 0 9	Amount 250.00	
Full Name of Contributor David Lanning						Registration Number, if PAC			
Street Address 5375 Reading Township Rd 143 NE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Somerset		State O H	Zip Code 43783		M 0 3	D 2 7	Y 0 9	Amount 50.00	
Full Name of Contributor Christine Bowser						Registration Number, if PAC			
Street Address 7788 Tokatee Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pickerington		State O H	Zip Code 43147		M 0 3	D 2 7	Y 0 9	Amount 100.00	
Full Name of Contributor Mary Schroeder						Registration Number, if PAC			
Street Address 7233 Eventrail Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell		State O H	Zip Code 43062		M 0 3	D 2 7	Y 0 9	Amount 100.00	
Full Name of Contributor William Young JR						Registration Number, if PAC			
Street Address 42 Sycamore Creek Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pataskala		State O H	Zip Code 43062		M 0 3	D 2 7	Y 0 9	Amount 250.00	
Full Name of Contributor H Scott McKenzie						Registration Number, if PAC			
Street Address 2374 Brixton Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Columbus		State O H	Zip Code 43221		M 0 3	D 2 7	Y 0 9	Amount 250.00	

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Name of Committee in Full Groveport Madison Committee For Better Schools									
Full Name of Contributor Susan Briggs						Registration Number, if PAC			
Street Address 6330 Legends Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State O H	Zip Code 43082		M 0 3	D 2 7	Y 0 9	Amount 100.00	
Full Name of Contributor Teresa Hoffman						Registration Number, if PAC			
Street Address 4888 Hayes Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport		State O H	Zip Code 43125		M 0 3	D 2 7	Y 0 9	Amount 100.00	
Full Name of Contributor Lea Ann Yoakum						Registration Number, if PAC			
Street Address 8102 Artisan Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State O H	Zip Code 43068		M 0 3	D 2 7	Y 0 9	Amount 50.00	
Full Name of Contributor Emily Curry						Registration Number, if PAC			
Street Address 10820 Edgewood Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin		State O H	Zip Code 43017		M 0 3	D 2 7	Y 0 9	Amount 100.00	
Full Name of Contributor Dunloe PTO						Registration Number, if PAC			
Street Address 3200 Dunloe Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43232		M 0 3	D 2 7	Y 0 9	Amount 100.00	
Full Name of Contributor Shelley Holley						Registration Number, if PAC			
Street Address 1851 London Groveport Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State O H	Zip Code 43123		M 0 4	D 0 6	Y 0 9	Amount 25.00	
Full Name of Contributor Pickens Fence Co LLC						Registration Number, if PAC			
Street Address 4838 Grove Pointe Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport		State O H	Zip Code 43125		M 0 4	D 0 6	Y 0 9	Amount 200.00	
Full Name of Contributor Melody Blake						Registration Number, if PAC			
Street Address 67 Bohyer Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Pataskala		State O H	Zip Code 43062		M 0 3	D 2 7	Y 0 9	Amount 50.00	

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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 Groveport Madison Local Education Association				Registration Number, if PAC		
Street Address 6993 Britwell		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State O H	Zip Code 43068	M 0 4	D 0 6	Y 0 9	Amount 200.00
Full Name of Contributor Marjorie Whitis				Registration Number, if PAC		
Street Address 610 Long Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pickerington	State O H	Zip Code 43147	M 0 4	D 0 6	Y 0 9	Amount 75.00
Full Name of Contributor Victoria Albrecht				Registration Number, if PAC		
Street Address 1467 Argus Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43227	M 0 4	D 0 6	Y 0 9	Amount 50.00
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
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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Full Name of Contributor Heidi Day					Registration Number, if PAC	
Street Address 8467 Kingsley Dr			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State O H	Zip Code 43068	M 0 4	D 0 6	Y 0 9	Amount 3.00
Full Name of Contributor Patricia Fletcher					Registration Number, if PAC	
Street Address 12176 Woodrow Lane			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Pickerington	State O H	Zip Code 43147	M 0 4	D 0 6	Y 0 9	Amount 3.00
Full Name of Contributor Kathy Hinton					Registration Number, if PAC	
Street Address 8370 Bruce Ct			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Canal Winchester	State O H	Zip Code 43110	M 0 4	D 0 6	Y 0 9	Amount 3.00
Full Name of Contributor Aimee Holloway					Registration Number, if PAC	
Street Address 448 Crestmoore Dr			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 4	D 0 6	Y 0 9	Amount 15.00
Full Name of Contributor Janis Imwalle					Registration Number, if PAC	
Street Address 690 Waybaugh Dr			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0 4	D 0 6	Y 0 9	Amount 3.00
Full Name of Contributor H Scott McKenzie					Registration Number, if PAC	
Street Address 1814 Millwood Dr			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State O H	Zip Code 43221	M 0 4	D 0 6	Y 0 9	Amount 15.00
Full Name of Contributor Susan Moore					Registration Number, if PAC	
Street Address 5075 Cherry Blossom Dr			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 4	D 0 6	Y 0 9	Amount 3.00
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

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Groveport Madison Committee For Better Schools						
Full Name Huntington National Bank				Registration Number, if PAC		
Address 556 Main Street	Type*		M	D	Y	Amount 0.25
			0	2	28	09
City Groveport	State O H	Zip Code 43125	Form(Cash,Check,etc) Cash			
Full Name Huntington National Bank				Registration Number, if PAC		
Address 556 Main Street	Type*		M	D	Y	Amount 0.25
			0	3	31	09
City Groveport	State O H	Zip Code 43125	Form(Cash,Check,etc) Cash			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Groveport Madison Committee For Better Schools												
To Whom Paid WDH Systems Inc.						M	D	Y	Amount			
						0	3	0	3	0	9	160.00
Address 101 Kettering Bend				Purpose Telephone Line Voice Mail								
City Delaware		State O H		Zip Code 43015		Check Number 1045						
To Whom Paid Postmaster						M	D	Y	Amount			
						0	3	0	6	0	9	84.00
Address Main Street				Purpose Postage								
City Groveport		State O H		Zip Code 43125		Check Number 1046						
To Whom Paid The Sign Station						M	D	Y	Amount			
						0	3	1	6	0	9	822.50
Address 3132 S Hamilton Rd.				Purpose Deposit for Yardsigns								
City Columbus		State O H		Zip Code 43232		Check Number 1047						
To Whom Paid The Sign Station						M	D	Y	Amount			
						0	3	2	3	0	9	822.50
Address 3132 S Hamilton Rd.				Purpose Yardsigns								
City Columbus		State O H		Zip Code 43232		Check Number 1048						
To Whom Paid Russett Lithokraft						M	D	Y	Amount			
						0	3	2	5	0	9	987.01
Address 4411 Marketing Place				Purpose Campaign Literature								
City Groveport		State O H		Zip Code 43125		Check Number 1049						
To Whom Paid The Sign Station						M	D	Y	Amount			
						0	4	0	3	0	9	808.00
Address 3132 S Hamilton Rd.				Purpose Yardsigns & Window Decals								
City Columbus		State O H		Zip Code 43232		Check Number 1051						
To Whom Paid Postmaster						M	D	Y	Amount			
						0	4	0	6	0	9	42.00
Address Main Street				Purpose Postage								
City Groveport		State O H		Zip Code 43125		Check Number 1052						
To Whom Paid The Sign Station						M	D	Y	Amount			
						0	4	1	4	0	9	987.00
Address 3132 S Hamilton Rd.				Purpose Yardsigns								
City Columbus		State O H		Zip Code 43232		Check Number 1053						