

# 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				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 <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>0   5</b>	D <b>0   7</b>	Y <b>1   3</b>	Amount <b>6.00</b>
Full Name of Contributor <b>Andrea Murphy</b>				Registration Number, if PAC		
Street Address <b>145 E Waterloo St</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>0   5</b>	D <b>0   7</b>	Y <b>1   3</b>	Amount <b>7.00</b>
Full Name of Contributor <b>Molly Naish</b>				Registration Number, if PAC		
Street Address <b>842 Menarda Pl</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>0   5</b>	D <b>0   7</b>	Y <b>1   3</b>	Amount <b>5.00</b>
Full Name of Contributor <b>Amy Novar</b>				Registration Number, if PAC		
Street Address <b>8617 Robbins Loop 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>0   5</b>	D <b>0   7</b>	Y <b>1   3</b>	Amount <b>5.00</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 <b>Rebecca Pharo</b>				Registration Number, if PAC		
Street Address <b>893 Harbinger Circle E</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>0   5</b>	D <b>0   7</b>	Y <b>1   3</b>	Amount <b>5.00</b>
Full Name of Contributor <b>Rebecca Prorok</b>				Registration Number, if PAC		
Street Address <b>376 E Stanton Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>	M <b>0   5</b>	D <b>0   7</b>	Y <b>1   3</b>	Amount <b>5.00</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)]