

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 GMJHS PTO | | | | | | Registration Number, if PAC | | | |
| Street Address 751 Main St. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Groveport | State O | H H | Zip Code 43125 | M 0 | D 4 | Y 1 | 7 | 0 | Amount 25.00 |
| Full Name of Contributor Jeffrey Mackey | | | | | | Registration Number, if PAC | | | |
| Street Address 1538 Melrose Ave. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O | H H | Zip Code 43224 | M 0 | D 4 | Y 1 | 7 | 0 | Amount 125.00 |
| Full Name of Contributor Brooke Hippler | | | | | | Registration Number, if PAC | | | |
| Street Address 7300 Crossett Ct | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Canal Winchester | State O | H H | Zip Code 43110 | M 0 | D 4 | Y 1 | 7 | 0 | Amount 40.00 |
| Full Name of Contributor Donis Toler | | | | | | Registration Number, if PAC | | | |
| Street Address 4694 Chantry Dr. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Galena | State O | H H | Zip Code 43021 | M 0 | D 4 | Y 1 | 7 | 0 | Amount 20.00 |
| Full Name of Contributor Madison Elementary PTO | | | | | | Registration Number, if PAC | | | |
| Street Address 4600 Madison School Dr | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O | H H | Zip Code 43232 | M 0 | D 4 | Y 1 | 7 | 0 | Amount 100.00 |
| Full Name of Contributor Margaret Beaver | | | | | | Registration Number, if PAC | | | |
| Street Address PO Box 28729 | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O | H H | Zip Code 43228 | M 0 | D 4 | Y 1 | 7 | 0 | Amount 50.00 |
| Full Name of Contributor Joyce Lifer Disharoon | | | | | | Registration Number, if PAC | | | |
| Street Address 3305 Cinn-Zanesville Rd. SW | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Lancaster | State O | H H | Zip Code 43130 | M 0 | D 4 | Y 1 | 7 | 0 | Amount 25.00 |
| Full Name of Contributor Judi Eisel | | | | | | Registration Number, if PAC | | | |
| Street Address 5736 Mist Flower Lane | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City Westerville | State O | H H | Zip Code 43082 | M 0 | D 4 | Y 1 | 7 | 0 | Amount 50.00 |

* 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 \$ 435.00