

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 Brent Bohman				Registration Number, if PAC		
Street Address 4998 Gilwood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 6	Y 2	Amount 3.00
Full Name of Contributor April Bray				Registration Number, if PAC		
Street Address 416 Sernade St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Revnoldsburg	State OH	Zip Code 43068	M 0	D 6	Y 2	Amount 5.00
Full Name of Contributor Sarah Bright				Registration Number, if PAC		
Street Address 3890 Mulryan Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43016	M 0	D 6	Y 2	Amount 5.00
Full Name of Contributor Susan Burnett				Registration Number, if PAC		
Street Address 4651 Sperry Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 6	Y 2	Amount 5.00
Full Name of Contributor Ryan Cieply				Registration Number, if PAC		
Street Address 11403 Meadowcroft St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pickerington	State OH	Zip Code 43147	M 0	D 6	Y 2	Amount 5.00
Full Name of Contributor Rickey Clark				Registration Number, if PAC		
Street Address 4997 Birch Grove Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport	State OH	Zip Code 43125	M 0	D 6	Y 2	Amount 5.00
Full Name of Contributor Deanna Clinger				Registration Number, if PAC		
Street Address 5133 Phillips Run		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Canal Winchester	State OH	Zip Code 43110	M 0	D 6	Y 2	Amount 20.00
Full Name of Contributor Dorethia Copas				Registration Number, if PAC		
Street Address 128 Leasure Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pickerington	State OH	Zip Code 43147	M 0	D 6	Y 2	Amount 20.00

* 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)]