

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	

* 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)]