

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 Todd Mace						Registration Number, if PAC						
Street Address 855 Grandview Ave, 3rd Floor			Employer/Occupation/Labor Organization* Dynamix Energy Services Company, LLC				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 3		D 2 5		Y 1 4		Amount 5,000.00
Full Name of Contributor Fifth Third Bancorp						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 4		D 0 8		Y 1 4		Amount 250.00
Full Name of Contributor William Young, Jr.						Registration Number, if PAC						
Street Address 126 Rovalty Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Pataskla		State O H		Zip Code 43062		M 0 4		D 0 1		Y 1 4		Amount 312.00
Full Name of Contributor Sedalia Elementary PTO						Registration Number, if PAC						
Street Address 5400 Sedalia Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43232		M 0 4		D 0 1		Y 1 4		Amount 250.00
Full Name of Contributor Glendening Elementary PTO						Registration Number, if PAC						
Street Address 3400 Glendening Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Groveport		State O H		Zip Code 43125		M 0 4		D 0 9		Y 1 4		Amount 350.00
Full Name of Contributor Durham School Services						Registration Number, if PAC						
Street Address 4300 Weaver Parkway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Warrenville		State I L		Zip Code 50655		M 0 4		D 0 3		Y 1 4		Amount 1,000.00
Full Name of Contributor Groveport Madison Band Boosters						Registration Number, if PAC						
Street Address PO Box 429			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Brice		State O H		Zip Code 43109		M 0 4		D 0 1		Y 1 4		Amount 312.00
Full Name of Contributor Fifth Third Bank						Registration Number, if PAC						
Street Address Fifth Third Bank of Kentucky			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Lexington		State K Y		Zip Code		M 0 4		D 0 4		Y 1 4		Amount 750.00

* 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)]