

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 Melody Blake						Registration Number, if PAC			
Street Address 67 Bohyer Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pataskala	State O H	Zip Code 43062	M 0 3	D 2 7	Y 1 3	Amount 50.00			
Full Name of Contributor Mychal Pittman						Registration Number, if PAC			
Street Address 8831 Castlevlew PL			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Carroll	State O H	Zip Code 43112	M 0 3	D 2 7	Y 1 3	Amount 25.00			
Full Name of Contributor Anthony Swartz						Registration Number, if PAC			
Street Address 421 N Main St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City North Baltimore	State O H	Zip Code 45872	M 0 3	D 2 7	Y 1 3	Amount 200.00			
Full Name of Contributor Scott McKenzie						Registration Number, if PAC			
Street Address 1814 Millwood Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 4	D 0 3	Y 1 3	Amount 100.00			
Full Name of Contributor Dynamix Engineering LTD						Registration Number, if PAC			
Street Address 855 Grandview Ave. 3rd Floor			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 0 3	Y 1 3	Amount 7,500.00			
Full Name of Contributor Charlotte Barker						Registration Number, if PAC			
Street Address 552 Harbinger Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0 3	D 0 8	Y 1 3	Amount 500.00			
Full Name of Contributor Anonymous						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City	State 	Zip Code	M 0 3	D 0 8	Y 1 3	Amount 20.00			
Full Name of Contributor Anonymous						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City	State 	Zip Code	M 	D 	Y 	Amount 25.00			

* 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 \$ **8,420.00**