Page 3	
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	u. 01 1	_					
Groveport Madison Committee For Be	tter School	S	-			C	******************************
Full Name of Contributor			Registra	uon Num	ber, if PA	i.	
Life Touch National School Studios	In. 1	(A)				Form (Cr. d. Cl. 1	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)	
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Street Address	Employer/Occupation/Labor Organization*					1	
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Full Name of Contributor				0 4	Commence of the second	L.	UU
Full Name of Contributor			registra	aon num	iber, if PA		
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Full Name of Contributor Registration Number, if PAC							
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Full Name of Contributor			Registra	anon inun	nber, if P	ne.	
O	E10	nation/Labor Occasion				Form (Cash, Check, etc.)	
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	- I	4:		MC-6-Strongerstern		Earn (Cast City)	teamentament (
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
			1	T =		A	
City	State	Zip Code	M	D	Y	Amount	

Page Total \$ 2,020.95

^{*} 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)]