

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 Heidi Day				Registration Number, if PAC			
Street Address 8467 Kingsley Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		Amount	
City Reynoldsburg	State O	Zip Code H 43068		M 1	D 1	Y 0	4 1 1
						3.00	
Full Name of Contributor Jack Wills				Registration Number, if PAC			
Street Address 469 Beaverbrook Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		Amount	
City Gahanna	State O	Zip Code H 43230		M 1	D 1	Y 0	4 1 1
						30.00	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount	
City	State	Zip Code		M	D	Y	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount	
City	State	Zip Code		M	D	Y	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount	
City	State	Zip Code		M	D	Y	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount	
City	State	Zip Code		M	D	Y	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount	
City	State	Zip Code		M	D	Y	

* 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)]