

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 ASSOC						Registration Number, if PAC			
Street Address 6363 Crystal Valley Dr				Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Galena		State OH		Zip Code 43021		M 0	D 6	Y 1	Amount 5,000.00
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			
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City		State		Zip Code		M	D	Y	Amount
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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(D)(4)]

Page Total \$ 5,000.00