

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 Dynamix Energy Services Company, LLC						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 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 Royalty 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)]