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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Groveport Madison Committee For B	ottor School	•				r - De real Alemania de la Color. El defenda de la Color de
Full Name of Contributor	etter School	5	and the second second	Name and Address of the Owner, where	***************************************	The second secon
Victoria Vazquez			Registr	ation Nun	nber, if PA	to see Alexander
Street Address	Employer/Occum	ation/Labor Organization*	_L			Form (Cash, Check, etc.)
2967 Culver				-		Check
City	State	Zip Code	М	D	Y	Amount
Hilliard Full Name of Contributor	O H	43026	1 1	THE PERSON NAMED IN COLUMN	0 8	
Susan Wilcox			Registr	ation Nun	nber, if PA	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
629 Salt Lick Ln						Check
City	State	Zip Code	М	D	Y	Amount
Gahanna	OH	43230	111	0 3	0 8	25.00
Full Name of Contributor			Registr		iber, if PA	
Pam Wilson			NA CONTRACTOR OF THE CONTRACTO			
Street Address	Employer/Occup	ation/Labor Organization*	- Samuel Control			Form (Cash, Check, etc.)
379 Shell Court E						Check
City	State	Zip Code	М	D	Y	Amount
Whitehall	OH	43213	111	0 3	0 8	20.00
Full Name of Contributor			Registra	ition Nun	ber, if PA	C
Simon Roofing and Sheet Metal Corp						g a silver gamila i
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
70 Karago Ave						Check
City	State	Zip Code	М	D	Y	Amount
Youngstown	OH	44512	1 1	1 3	0 8	1,000.00
Full Name of Contributor			Registra	tion Nun	ber, if PA	
Street Address	Temployer/Occupy	ation/Labor Organization*			***************************************	
	Employe//Occupa	anoive acon Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	ΙΥ	Amount
	1 1000	·		-		an samana (i
Full Name of Contributor			Registra	tion Num	ber, if PA	C
			500			
Street Address	Employer/Occupa	ation/Labor Organization*				Fonn (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
			1			u sa yauwau ili awa ti M
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Street Address	Empleyer/Ossure	tion/Labor Organization*	<u> </u>	Water transportation of the Control		
	EmployenOccupa	mon/Lagor Organization*			i jewa	Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
	The se	v i				, NATURAL
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupa	tion/Labor Organization*	1			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount

Page Total \$	1,070.00
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^{*} 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)]