

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 Victoria Vazquez						Registration Number, if PAC			
Street Address 2967 Culver			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State O H	Zip Code 43026		M 1	D 1	Y 0	Amount 25.00	
Full Name of Contributor Susan Wilcox						Registration Number, if PAC			
Street Address 629 Salt Lick Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State O H	Zip Code 43230		M 1	D 1	Y 0	Amount 25.00	
Full Name of Contributor Pam Wilson						Registration Number, if PAC			
Street Address 379 Shell Court E			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Whitehall		State O H	Zip Code 43213		M 1	D 1	Y 0	Amount 20.00	
Full Name of Contributor Simon Roofing and Sheet Metal Corp						Registration Number, if PAC			
Street Address 70 Karago Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Youngstown		State O H	Zip Code 44512		M 1	D 1	Y 1	Amount 1,000.00	
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			
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	

* 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)]

Page Total \$ 1,070.00