

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 Cydi Toledo						Registration Number, if PAC			
Street Address 7160 Old Creek LN			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Canal Winchester		State O H		Zip Code 43110		M D Y 0 4 1 7 0 9		Amount 25.00	
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 D Y 0 4 1 7 0 9		Amount 1,000.00	
Full Name of Contributor Daniel & Eric Zidel DDS						Registration Number, if PAC			
Street Address 4575 Winchester Pike			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43232		M D Y 0 4 1 7 0 9		Amount 50.00	
Full Name of Contributor Petermann LTD						Registration Number, if PAC			
Street Address 8041 Hosbrook Rd. Ste 330			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Cincinnati		State O H		Zip Code 45236		M D Y 0 4 1 7 0 9		Amount 1,000.00	
Full Name of Contributor Steve Morris						Registration Number, if PAC			
Street Address 655 Blacklick St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Groveport		State O H		Zip Code 43125		M D Y 0 4 1 7 0 9		Amount 20.00	
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	

* 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 \$ 2,095.00