Page	<u>7</u>

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	Rotton Cobool	0					
Groveport Madison Committee For Better Schools Full Name of Contributor				Registration Number, if PAC			
			Registia	tion Num	ber, ii r A	.C	
Cydi Toledo Street Address	Employer/Occur	oation/Labor Organization*	<u> </u>	214/012/00/02/02/03/03/03	MANUSINA KARIMININA MANUSINA M	Form (Cash, Check, etc.)	
	Employer/Occup	ation/Labor Organization				Check	
7160 Old Creek LN City	State	Zip Code	М	D	Y	Amount	
Canal Winchester	OH	43110	0 4	1	0 9	25.00	
Full Name of Contributor		10110		tion Num	and the second second		
Simon Roofing and Sheet Metal Co	rp				,		
Street Address		Employer/Occupation/Labor Organization*					
70 Karago Ave.						Check	
City	State	Zip Code	М	D	Y	Amount	
Youngstown	OH	44512	0 4	1 7	0 9	1,000.00	
Full Name of Contributor			THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	ition Num	ber, if PA	·C	
Daniel & Eric Zidel DDS							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4575 Winchester Pike						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43232	$0 \mid 4$		0 9	50.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	AC .	
Petermann LTD							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
8041 Hosbrook Rd. Ste 330						Check	
City	State	Zip Code	M	D	Y	Amount	
Cincinnati	O   H	45236	0 4		0 9	1,000.00	
Full Name of Contributor			Registra	ation Nun	iber, if PA	VC.	
Steve Morris	15 1 10						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
655 Blacklick St.	Contra	7:- 0-1-	1 1/4	D	Y	Amount	
Current	State O H	Zip Code 43125	M	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 7$	1	20.00	
Groveport Full Name of Contributor		43123	ADMADAGAMAN Symmetresonas Parametros E	ation Nun	<del>alaman and an </del>	American and the contract of t	
Full Name of Contributor	10						
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address							
City	State	Zip Code	М	D	Y	Amount	
		,					
Full Name of Contributor			Registr	ation Nun	nber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*	B			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	AC .						
					managaring databas databas da kalan		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	

Page Total \$ 2,095.00

<sup>\*</sup> 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)]