



# Statement of Contributions Received

Form 31-A

ORC 3517.10

|                                                                                 |                                                |                          |                                          |                         |
|---------------------------------------------------------------------------------|------------------------------------------------|--------------------------|------------------------------------------|-------------------------|
| <b>Full Name of Committee</b><br>Groveport Madison Committee for Better Schools |                                                |                          |                                          |                         |
| <b>Full Name of Contributor</b><br>Garilee Ogden                                |                                                |                          | <b>Registration Number, if PAC</b>       |                         |
| <b>Street Address</b><br>3389 North St                                          | <b>Employer/Occupation/Labor Organization*</b> |                          | <b>Form (Cash, Check, etc.)</b><br>check |                         |
| <b>City</b><br>Granville                                                        | <b>State</b><br>OH <input type="checkbox"/>    | <b>Zip Code</b><br>43023 | <b>Date (MM/DD/YYYY)</b><br>03/15/2019   | <b>Amount</b><br>350.00 |
| <b>Full Name of Contributor</b><br>Mitzi Boyd                                   |                                                |                          | <b>Registration Number, if PAC</b>       |                         |
| <b>Street Address</b><br>6628 Evendale Ct                                       | <b>Employer/Occupation/Labor Organization*</b> |                          | <b>Form (Cash, Check, etc.)</b><br>check |                         |
| <b>City</b><br>Canal Winchester                                                 | <b>State</b><br>OH <input type="checkbox"/>    | <b>Zip Code</b><br>43110 | <b>Date (MM/DD/YYYY)</b><br>03/15/2019   | <b>Amount</b><br>100.00 |
| <b>Full Name of Contributor</b><br>Matthew Cygnor                               |                                                |                          | <b>Registration Number, if PAC</b>       |                         |
| <b>Street Address</b><br>4863 Black Sycamore Dr                                 | <b>Employer/Occupation/Labor Organization*</b> |                          | <b>Form (Cash, Check, etc.)</b><br>check |                         |
| <b>City</b><br>Columbus                                                         | <b>State</b><br>OH <input type="checkbox"/>    | <b>Zip Code</b><br>43231 | <b>Date (MM/DD/YYYY)</b><br>03/15/2019   | <b>Amount</b><br>150.00 |
| <b>Full Name of Contributor</b><br>John Walsh                                   |                                                |                          | <b>Registration Number, if PAC</b>       |                         |
| <b>Street Address</b><br>5699 Lismore Ct                                        | <b>Employer/Occupation/Labor Organization*</b> |                          | <b>Form (Cash, Check, etc.)</b><br>check |                         |
| <b>City</b><br>Dublin                                                           | <b>State</b><br>OH <input type="checkbox"/>    | <b>Zip Code</b><br>43017 | <b>Date (MM/DD/YYYY)</b><br>03/15/2019   | <b>Amount</b><br>350.00 |
| <b>Full Name of Contributor</b><br>Susan Martin                                 |                                                |                          | <b>Registration Number, if PAC</b>       |                         |
| <b>Street Address</b><br>1291 Stone Trail Dr.                                   | <b>Employer/Occupation/Labor Organization*</b> |                          | <b>Form (Cash, Check, etc.)</b><br>check |                         |
| <b>City</b><br>Blacklick                                                        | <b>State</b><br>OH <input type="checkbox"/>    | <b>Zip Code</b><br>43004 | <b>Date (MM/DD/YYYY)</b><br>03/15/2019   | <b>Amount</b><br>100.00 |

\*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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$1050.00