



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Groveport Madison Committee for Better Schools				
Full Name of Contributor Lisa Lomonico			Registration Number, if PAC	
Street Address 8127 Roseland Terrace		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Pickerington	State OH	Zip Code 43147	Date (MM/DD/YYYY) 03/18/2019	Amount 100.00
Full Name of Contributor John Motton			Registration Number, if PAC	
Street Address 5188 Shellbark Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY) 03/19/2019	Amount 100.00
Full Name of Contributor Stephen Petros			Registration Number, if PAC	
Street Address 6732 Braeswick Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 03/15/2019	Amount 125.00
Full Name of Contributor Benjamin Jagger			Registration Number, if PAC	
Street Address 75 Barleycorn Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Sunbury	State OH	Zip Code 43074	Date (MM/DD/YYYY) 03/15/2019	Amount 100.00
Full Name of Contributor Jennifer Maille			Registration Number, if PAC	
Street Address 3938 Winding Path Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 03/18/2019	Amount 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 \$525.00