

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Groveport Madison Committee for Better Schools						Registration Number 111-PAC	
Full Name of Candidate							
Street Address 3345 Everson Road West				Office Sought		District	
City Columbus				State O H		Zip Code 43232	
Type of Report (place X to the left of report type)	☒ Pre-Primary	☐ Post-Primary	☐ Pre-General	☐ Post-General	Annual Year		
	☐ July	☐ August	☐ September	☐ Termination	Semiannual		
	☐ Monthly	☐ Monthly	☐ Monthly				
Amended Report? ☒ Yes ☐ No		Report Electronically filed? ☐ Yes ☒ No		Date of Election 0 5 0 6 1 4			

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 12,116.68
2. Total monetary contributions (From Form No. 31-A)	\$ 44,546.31
3. Total other income (From Form No. 31-A-2)	\$ 0.39
4. Total funds available (sum of lines 1, 2, 3)	\$ 56,663.38
5. Total monetary expenditures (From Form No. 31-B)	\$ 33,017.93
6. Balance on hand (line 4 minus line 5)	\$ 23,645.45
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 220.73
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITTS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

SABRINA L HOYLMAN - TREASURER
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution
pages **15**

Expenditure
pages **2**

Other
pages **2**

Total
pages **19**