



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Groveport Madison Committee for Better Schools				
Full Name of Contributor William C Young Jr.			Registration Number, if PAC	
Street Address 126 Royalty Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Pataskala	State OH <input type="checkbox"/>	Zip Code 43062	Date (MM/DD/YYYY) 03/13/2019	Amount 300.00
Full Name of Contributor Scott Nelson			Registration Number, if PAC	
Street Address 6576 Spinnaker dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Lewis Center	State OH <input type="checkbox"/>	Zip Code 43035	Date (MM/DD/YYYY) 03/14/2019	Amount 150.00
Full Name of Contributor Jeffery Jones			Registration Number, if PAC	
Street Address 6602 Golden Way	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Powell	State OH <input type="checkbox"/>	Zip Code 43065	Date (MM/DD/YYYY) 03/14/2019	Amount 100.00
Full Name of Contributor Victoria Blubaugh			Registration Number, if PAC	
Street Address 6 Oak Lane	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Mount Vernon	State OH <input type="checkbox"/>	Zip Code 43050	Date (MM/DD/YYYY) 3/14/2019	Amount 125.00
Full Name of Contributor Jaivir Singh			Registration Number, if PAC	
Street Address 693 Carson farms blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Delaware	State OH <input type="checkbox"/>	Zip Code 43015	Date (MM/DD/YYYY) 03/13/2019	Amount 150.00

*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 \$825.00