



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Groveport Madison Committee for Better Schools				
Full Name of Contributor VSWC Architects			Registration Number, if PAC	
Street Address 414 Reading Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Mason	State OH ☐	Zip Code 45040	Date (MM/DD/YYYY)	Amount 12,500.00
Full Name of Contributor Natalie Lewellen			Registration Number, if PAC	
Street Address 6530 McCleery Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Baltimore	State OH ☐	Zip Code 43105	Date (MM/DD/YYYY) 03/13/2019	Amount 100.00
Full Name of Contributor John C Brown			Registration Number, if PAC	
Street Address 3192 Kaylyn Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Hilliard	State OH ☐	Zip Code 43026	Date (MM/DD/YYYY) 03/13/2019	Amount 100.00
Full Name of Contributor Andrew Ling			Registration Number, if PAC	
Street Address 1620 Roscommon Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Pataskala	State OH ☐	Zip Code 43062	Date (MM/DD/YYYY) 03/13/2019	Amount 100.00
Full Name of Contributor Sheryl Hernandez			Registration Number, if PAC	
Street Address 272 Butterfly 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

*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)]