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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

		· · · · · · · · · · · · · · · · · · ·
Name of Committee in Full	(D C ! . !	
Groveport Madison Committee		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Maria McGraw		
Street Address	Description of Item or Service	M D Y Fair Market Value
468 Crestmore Drive	postage stamps	0 2 1 9 1 4 73.50
City	State Zip Code	Received at Fundraising Event?
Groveport	O H 43125	YES ✓ NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Maria McGraw		
Street Address	Description of Item or Service	M D Y Fair Market Value
468 Crestmore Drive	envelopes	0 2 1 5 1 4 10.21
City	State Zip Code	Received at Fundraising Event?
Groveport	O H 43125	☐ YES ☑NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Maria McGraw		_
Street Address	Description of Item or Service	M D Y Fair Market Value
468 Crestmore Drive	copy paper	0 2 0 5 1 4 26.11
City	State Zip Code	Received at Fundraising Event?
Groveport	O H 43125	YES VNO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Maria McGraw		
Street Address	Description of Item or Service	M D Y Fair Market Value
468 Crestmore Drive	photocopies	0 2 0 5 1 4 17.80
City	State Zip Code	Received at Fundraising Event?
1 ~	0 H 43125	YES VINO
Groveport Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number. if PAC
Maria McGraw	Estiployer, Octupulous Estor Organization	Negovation Parise
Street Address	Description of Item or Service	M D Y Fair Market Value
	I -	0 3 2 0 1 4 93.11
468 Crestmore Drive	Copy toner State Zip Code	Received at Fundraising Event?
City	10 H 43125	YES VINO
Groveport Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Full Name of Controllor	Employer, Occupation, Lakor Organization	Registration (value), a 1700
-	Description of Item or Service	M D Y Fair Market Value
Street Address	Description of Removi Service	
	State Zip Code	Received at Fundraising Event®
City	I I	YES INO
	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Full Name of Contributor	Employer, Occupation, (200) Organization	registration values. a 1 AC
	Description of Item or Service	M D Y Fair Market Value
Street Address	Description of item of service	N D 1 Fail Market Value
	C 2:- C-1-	Received at Fundraising Event ⁹
City	State Zip Code	YES NO
Full Name of Contributor	Employer. Occupation. Labor Organization *	Registration Number, if PAC
	Description of the confidence	M D Y Fair Market Value
Street Address	Description of Item or Service	M D Y Fair Market Value
· · · · · · · · · · · · · · · · · · ·		Received at Fundraising Event?
City	State Zip Code	YES NO

Page Total S 220.73

^{*} 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 appear. [R.C. 3517.10(B)(4)]