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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Groveport Madison Committee for Bet	tor Sch	noole					
Full Name of Contributor			ation Labor Organization #	Registration Number, if PAC			
Maria McGraw	Employer, Occupation, Labor Organization *			Negistration Number, if FAC			
Street Address	Description of Item or Service		m or Service	M D Y Fair Market Value			
468 Crestmore Drive			tage stamps	0 2 1 9 1 4 73.50			
City			Zip Code	Received at Fundraising Event?			
Groveport	آ ما	Н	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	envelopes		envelopes	0 2 1 5 1 4 10.21			
City	Sta		Zip Code	Received at Fundraising Event?			
Groveport	0 1	Н	43125	☐ YES ✓NO			
Full Name of Contributor	Employer	r. Occupa	ation. Labor Organization *	Registration Number, if PAC			
Maria McGraw							
Street Address	Description of Item or Service		m or Service	M D Y Fair Market Value			
468 Crestmore Drive	<u></u>	C	opy paper	0 2 0 5 1 4 26.11			
City	Sta		Zip Code	Received at Fundraising Event?			
Groveport		Н	43125	☐ YES ☑ NO			
Full Name of Contributor	Employer	r. Occupa	ation. Labor Organization *	Registration Number, if PAC			
Maria McGraw	ļ						
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	Sta		Zip Code	Received at Fundraising Event?			
Groveport Full Name of Contributor		Н	43125	L YES ✓ NO Registration Number, if PAC			
Maria McGraw	Eutholes	r. Occupa	ation, Labor Organization *	Registration Number, if PAC			
Street Address	Description of Item or Service		m or Service	M D Y Fair Market Value			
468 Crestmore Drive			opy toner	0 3 2 0 1 4 93.11			
City	Sta		Zip Code	Received at Fundraising Event?			
Groveport	آ ما	H	43125	YES VINO			
Full Name of Contributor	Employer		ation. Labor Organization *	Registration Number, if PAC			
	' '		•				
Street Address	Description of Item or Service		m or Service	M D Y Fair Market Value			
City	Sta	ate	Zip Code	Received at Fundraising Event?			
]			☐ YES ☐NO			
Full Name of Contributor	Employer	г, Оссира	ation, Labor Organization *	Registration Number, if PAC			
Street Address	Description of Item or Service		m or Service	M D Y Fair Market Value			
City	Sta	ite	Zip Code	Received at Fundraising Event?			
	<u> </u>			YES NO			
Full Name of Contributor	e of Contributor Employer. Occupation. Labor Organization *		ation. Labor Organization *	Registration Number, if PAC			
Street Address	Description of Item or Service		m or Service	M D Y Fair Market Value			
]						
City	Sta	ate	Zip Code	Received at Fundraising Event?			
	1 1			YES NO			

Page Total S	220.73
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^{*} 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))]