



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Groveport Madison Committee for Better Schools				
Full Name of Contributor Kenneth Pease			Registration Number, if PAC	
Street Address 3643 Scioto Run Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Hilliard	State OH ☐	Zip Code 43026	Date (MM/DD/YYYY) 03/13/2019	Amount 150.00
Full Name of Contributor Staci Peters			Registration Number, if PAC	
Street Address 10353 State Route 188		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Pleasantville	State OH ☐	Zip Code 43148	Date (MM/DD/YYYY) 03/13/2019	Amount 100.00
Full Name of Contributor April Bray			Registration Number, if PAC	
Street Address 416 Serenade St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH ☐	Zip Code 43068	Date (MM/DD/YYYY) 03/13/2019	Amount 100.00
Full Name of Contributor Margaret Riley			Registration Number, if PAC	
Street Address 720 North Starr Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Pickerington	State OH ☐	Zip Code 43147	Date (MM/DD/YYYY) 03/14/2019	Amount 150.00
Full Name of Contributor Jim Grube			Registration Number, if PAC	
Street Address 13905 Whispering Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Pickerington	State OH ☐	Zip Code 43147	Date (MM/DD/YYYY) 03/14/19	Amount 200.00

*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)]