



**Independent Expenditures made by Individuals,
Partnerships or Other Entities**

Form 30-E

ORC 3517.105

2017 OCT 31 PM 3:35

Name of Individual, Partnership, or Other Entity MARY E TEDROW				
Street Address 6269 Lithopolis Rd.		City Groveport	State OH	Zip 43125
Type of Report: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-General <input type="checkbox"/> Pre-Special <input type="checkbox"/> Annual <input type="checkbox"/> Post-Primary <input checked="" type="checkbox"/> Post-General <input type="checkbox"/> Post-Special <input type="checkbox"/> Semiannual			Year <div style="border: 1px solid black; padding: 2px;">2017</div>	Election Date (MM/DD/YYYY) <div style="border: 1px solid black; padding: 2px;">11/07/2017</div>

Independent Expenditure Information				
--	--	--	--	--

Candidate or Ballot Issue GROVEPORT MADISON BOARD OF EDUCATION CANDIDATES			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
To Whom Paid KELLY PRINTING				
Street Address 1657 VICTOR AVENUE		City OBETZ	State OH	Zip 43207
Purpose PRINT & MAIL POST CARDS SUPPORTING GILLESPIE		Date (MM/DD/YYYY) 10/24/17 - Final Payment	Amount \$766.17 \$1,532.34	

Candidate or Ballot Issue GROVEPORT MADISON BOARD OF EDUCATION CANDIDATES			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
To Whom Paid KELLY PRINTING				
Street Address 1657 VICTOR AVENUE		City OBETZ	State OH	Zip 43207
Purpose PRINT AND MAIL POST CARDS SUPPORTING DIANA FORTNER		Date (MM/DD/YYYY) 10/24/17 Final Payment	Amount \$766.17	

Candidate or Ballot Issue			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
To Whom Paid				
Street Address		City	State	Zip
Purpose		Date (MM/DD/YYYY)	Amount	

Other Entities do **not** include corporations, labor organizations, campaign committees, legislative campaign funds, PACs, PCEs or political parties.

**THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Mary E Tedrow
Signature of Authorized Representative

10/31/2017
Date (MM/DD/YYYY)

MARY E TEDROW
Print Name (and Title, if Applicable)