30-A R.C. 3517.10

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Ohio Campaign Finance Report

2014 JAN 28 PM 5: 00

_			Presc	ribed by Secretary	of State 3	/05		ER		- 111 J. U	
Full Name of Committee Groveport Madison Committe For Better Schools								FRANKLY COURT (Registration Namber, 4FPACOURT (N/A			
Full Name of Candidate N/A				.							
Street Address 3345 Everson Road W						Office Sought N/A		District N/A			
c _{ity} Columbus	OH		zip Code 43232								
Type of Report (place X to the left of report type)		Pre-Primary July		Post-Primary August		Pre-General September		Post-General	Annual Year [2013		
		Monthly	Monthly	ř		Monthly	 	Termination	D	Y _i	
Amended Report? 📮 Yes	Ū No	Report Electronica	ly Filed? 🗖 Yes	© No	Date of	Election	<u> </u>	Į			
For candidates only, during an e No other forms are required for	lection ye a post-pri	ear: if total contributionary or post-genera	ions and expenditures d period, if above state	each total \$500 o rment applies. See	r less durin R.C. 3517	g the combined pr 7.10(H) for details.	e- and post-perio	ds at one elec	ction, check box	; 🛘	
	1. Amount brought forward from last report S					s	\$11,529	.07			
	2. Total monetary contributions (From Form No. 31-A)					s	\$587	.00			
	3. Total other income (From Form No. 31-A-2)					S	\$0	.61			
	4. Total funds available (sum of lines 1, 2, 3)					\$	\$12,116	.68			
	5. Total monetary expenditures (From Form No. 31-B)					s					
	7. Value of in-kind contributions received (From Form No. 31-J-1) 8. Value of in-kind contributions made (From Form No. 31-J-2) 9. Outstanding loans owed by committee (From Form No. 31-C)					Ş	-				
						\$					
						\$	_				
						s					
						s					
	11. Outstanding loans owed to committee (From Form No. 31-K)						- -				
	12. Value of independent expenditures made (From Form No. 31-U)										
		er Electronic Filing um of lines 2, 7, an	Entities only d amount of any new	loans received th	ils period.	s	<u>/</u>				
THE INFORMATION CONT FALSIFICATION IS GUILTY	COFAE	ELONY OF THE	IS MADE UNDER FIFTH DEGREE.	REPRINALTY	OFELEC	TAN FALSIFIC	AZION, WHOE			ION	
Sabrina L. Hoylman, Treasurer Print Name and Title (Treasurer and Deputy Treasurer only)									/28/2014 Date		
Frint Name and Title (Treasurer	ana Dep	uty Treasurer only)	Sign		,			ı			
Contribution]	Expe	nditure			ther			Total pages	0	