In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of the state							
Name of Committee in Full Groveport Madison Committee For Be	tter School	9					
Full Name of Contributor		pation, Labor Organization *	Registr	ation Nur	mhar if P	A.C	
Larry Ricchi	rampioyer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	ΤY	Fair Market Value	-
4483 Williams Rd	Paper		1 0	1	1 .		19.18
City	State	Zip Code		ed at Func			
Groveport	O H 43125			YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	ed at Fund	Iraising E	Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	Iraising F	Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	ed at Fund	Iraising E	event?	
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	ation Nun	nber, if P.	AC	
Street Address	Description of Item or Service		M 	D	Y	Fair Market Value	
City	State	Zip Code	Receive	ed at Fund	Iraising E	Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	Iraising E	event?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	ed at Fund YES	Iraising E	Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	ation Nun	iber, if P.	AC	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	lraising E	Event?	

Page Total \$	19.18
_	17.10

^{*} 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)]