



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee		n	L Ma	disa	So houls	
Committee Supporting Geovernort Madison Schools						
Registration (Control of Control						
The Hundington National Bank  [Form (Cash, Check, etc.)]						
Street Address	Employer/Occupation/Labor Organization*			1 .		
PO BOY 1558EAJWA					(ash	
City	State				\$0.37	
Columbus	041	43216			<u> </u>	
Full Name of Contributor			er, if PAC			
the Huntington Nat	ional	Bank				
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
P O BOX 1358 EATUST					Cash	
City :	State	Zip Code	Date (MM/DD		Amount	
Columbus	041-	43216	08/3	0/209	\$0.29	
Registration Number					per, if PAC	
The Huntington Nati	onal	Bank				
Ct A Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
PO BOX 1558 EAJW37			(ash			
City	State	ate Zip Code Date (MM/DD/YYYY)			Amount	
Columbus	OH -	43216	691.	30/2019		
Full Name of Contributor	Registration Numb				ber, if PAC	
Auchan School Services						
Otro at Address	LEMPROYER/Occupations caper or generalists				Form (Cash, Check, etc.)	
2601 Navister Drive					Check	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount V 7 - AA	
l'isle	76	60532	10/08	F/2019	\$7,500	
Full Name of Contributor	Registration Num				nber, if PAC	
Full Name of Contributor						
Chart Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
Street Address						
	State	Zip Code Date (MM/DD/YYYY)			Amount	
City	State	י ור		,		
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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 also appear. [R.C. 3517.10(B)(4)]