



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Groveport Madison Committee for Better Schools				
Full Name of Contributor Lynnea Johnson			Registration Number, if PAC	
Street Address 4837 Woodstream Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43230	Date (MM/DD/YYYY) 03/15/2019	Amount 75.00
Full Name of Contributor Nancy Christensen			Registration Number, if PAC	
Street Address 686 Liberty Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Westerville	State OH <input type="checkbox"/>	Zip Code 43081	Date (MM/DD/YYYY) 03/15/2019	Amount 75.00
Full Name of Contributor Christopher Mosure			Registration Number, if PAC	
Street Address 441 Crestmoore Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Groveport	State OH <input type="checkbox"/>	Zip Code 43012	Date (MM/DD/YYYY) 03/14/2019	Amount 150.00
Full Name of Contributor John Blackstone			Registration Number, if PAC	
Street Address 183 Darby Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Lexington	State OH <input type="checkbox"/>	Zip Code 44904	Date (MM/DD/YYYY) 03/18/2019	Amount 100.00
Full Name of Contributor Kerri LLOYD			Registration Number, if PAC	
Street Address 1397 Delcastle Loop		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Grove City	State OH <input type="checkbox"/>	Zip Code 43123	Date (MM/DD/YYYY) 03/19/2019	Amount 50.00

*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)]