



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee GROVEPORT MADISON COMMITTEE FOR BETTER SCHOOLS				
Full Name of Contributor DAVID GILLESPIE			Registration Number, if PAC	
Street Address 3970 EASTRISE DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVEPORT	State OH	Zip Code 43125	Date (MM/DD/YYYY) 04/06/19	Amount 50.00
Full Name of Contributor DURHM SCHOOL SUPPLY SERVICE			Registration Number, if PAC	
Street Address 2601 NAVISTAR DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City LISLE	State IL	Zip Code 60532	Date (MM/DD/YYYY) 04/09/2019	Amount 7500.00
Full Name of Contributor DCTS			Registration Number, if PAC	
Street Address 5757 Cornell Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City BLUE ASH	State OH	Zip Code 45242	Date (MM/DD/YYYY) 04/08/19	Amount 1500.00
Full Name of Contributor CURT BROGAN			Registration Number, if PAC	
Street Address 674 FALLON LN		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City CANAL WINCHESTER	State OH	Zip Code 43110	Date (MM/DD/YYYY) 04/02/19	Amount 250.00
Full Name of Contributor KATIE VAN SCHOYCK			Registration Number, if PAC	
Street Address 577 EASTPOINTE LAKE DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City BLACKLICK	State OH	Zip Code	Date (MM/DD/YYYY) 04/02/19	Amount 100.00

*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)]