

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
10 JUL 19 AM 8:34

Full Name of Committee Groveport Madison Committee For Better Schools						Registration Number, if PAC N/A		
Full Name of Candidate N/A								
Street Address 8082 Pontius Rd.					Office Sought N/A		District	
City Groveport						State OH	Zip Code 43125	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		X Post-General	Annual Year
	July Monthly		August Monthly		September Monthly		Termination	Semjannual 2010 XX
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M 0 5 0 5 0 9

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 4,536.40
2. Total monetary contributions (From Form No. 31-A)	\$ 630.00
3. Total other income (From Form No. 31-A-2)	\$ 1.38
4. Total funds available (sum of lines 1, 2, 3)	\$ 5,167.78
5. Total monetary expenditures (From Form No. 31-B)	\$ 0.00
6. Balance on hand (line 4 minus line 5)	\$ 5,167.78
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)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Marti Prince Marti Prince 7/16/10
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 1

Expenditure pages 0

Other pages 1

Total pages 3

Statement of Contributions Received

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Name of Committee in Full Groveport Madison Committee For Better Schools							
Full Name of Contributor Heidi Day					Registration Number, if PAC		
Street Address 8467 Kingsley Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 6	Y 3	Amount 42.00	
Full Name of Contributor Patricia Fletcher					Registration Number, if PAC		
Street Address 12176 Woodrow Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0	D 6	Y 3	Amount 42.00	
Full Name of Contributor Kathy Hinton					Registration Number, if PAC		
Street Address 8370 Bruce Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0	D 6	Y 3	Amount 42.00	
Full Name of Contributor Aimee Holloway					Registration Number, if PAC		
Street Address 448 Crestmoore Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0	D 6	Y 3	Amount 210.00	
Full Name of Contributor Janis Imwalle					Registration Number, if PAC		
Street Address 690 Waybaugh Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0	D 6	Y 3	Amount 42.00	
Full Name of Contributor H Scott McKenzie					Registration Number, if PAC		
Street Address 1814 Millwood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0	D 6	Y 3	Amount 210.00	
Full Name of Contributor Susan Moore					Registration Number, if PAC		
Street Address 5075 Cherry Blossom Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43125	M 0	D 6	Y 3	Amount 42.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Groveport Madison Committee For Better Schools							
Full Name Huntington National Bank				Registration Number, if PAC			
Address 556 Main Street		Type*		M	D	Y	Amount
				0	6	3	0
				1	0		1.38
City Groveport		State O H	Zip Code 43125	Form(Cash,Check,etc) Cash			
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name							
Address				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.