## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

							***************************************
Name of Committee in Full							
Citizens for Grandview's Future				Designation Number (SDAC)			
ull Name of Contributor				Registration Number, if PAC			
Susan Jagers	F 1 20	/ / / L. O.		***************************************		Form (Carla Class	de oto
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)
1543 Wyandotte Road		77. 0.1	1 17		1 17	Check	
City	State	Zip Code	M	D	Y	Amount	E0 00
Grandview Heights	OH	43212	03	20	09		50.00
Full Name of Contributor			Registra	ation Nur	nber, if PA	iC .	
Steven Gladman	E 1 /0	ation/Labor Organization*		anglika kanalan menanga	v	Form (Cook Cho	ale ata )
Street Address					Form (Cash, Check, etc.)		
961 Grandview Avenue		Affordable Housing Trust			1 1/	Check	
City	State	Zip Code	M	D	Y	Amount	150.00
Grandview Heights		43212	03	20	09		150.00
Full Name of Contributor			Kegistr	anon Nur	nber, if PA		
Fraternal Order of Police	F., 1(0	ation/Labor Organization*	<u> </u>			Form (Cook Cha	ok ato
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, eic.)
	GL.L.	Tin Code	1 3.4		Y	Check Amount	
City	State	Zip Code	M		1 .	1	50.71
Grandview Heights	IUIL	43212	0 6		nber, if PA		3U.7 I
Full Name of Contributor			Registi	ation ivui	noer, n PF	ac.	
P'elizabeth Koelker	E1/O	ation/Labor Organization*	_L			Form (Cash, Cha	olc ato )
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1301 Avondale	Ctoto	Zip Code	М	D	Y	Check Amount	
City	State	1 -		1 .		Amount	E0 00
Grandview Heights		43212	0 3		nber, if PA	C.	50.00
Full Name of Contributor			Registi	auon ivui	noei, n i r		
Stephen Von Jasiniski	Employer/Occupation/Labor Organization*				***************************************	Form (Cash, Che	ck atc)
Street Address	Employer/Occup				Form (Cash, Check, etc.) Check		
1260 Broadview Avenue	State	Zip Code	М	D	Y	Amount	
City	O H	Z.ip Code	0 3	1 .	1	Amount	50.00
Grandview Heights Full Name of Contributor			Name and Address of the Owner, where the Owner, which is the O		nber, if PA		JUJU
			Kegisti	anon ivui	11001, 11 1 7	ic .	
Stephen Von Jasiniski Street Address	Employer/Occup	ation/Labor Organization*	L	domonthin to the total of the	***************************************	Form (Cash, Che	ck etc.)
	Етрюуетоссир	atton/Labor Organization				cash	ck, cic.)
1260 BroadviewAvenue	State	Zip Code	М	D	Y	Amount	
City Commission I Loi obto		1 '			1	T KITOUIK	0.19
Grandview Heights Full Name of Contributor		To Some Section			mber, if PA	AC.	V. s. /
B .			Legisti	anon mu			
Ralph Krasik Street Address	Employer/Occup	ation/Labor Organization*		hone the Park of the Constitution of the	and the State of t	Form (Cash, Che	ck. etc.)
1000 Urlin Avenue	Employer Occupation Cagon Organization					check	
City	State	Zip Code	M	D	ΙΥ	Amount	
Grandview Heights	O   H	43212	I	ì	09		5.00
Full Name of Contributor	1 V 1 ** 1 45 61 6			0 3 20 09 5.00 Registration Number, if PAC			
Patrik Bowman			registi	adon mu			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4050 Glenmont Place	Employor Occupation Davor Organization					Check	
	State	Zip Code	М	D	Y	Amount	
Colombia	o H	43214	013	. I	09		75.00
Columbus		1 40414	<u> </u>	3 lova I	107	<u> </u>	77,00

Page Total \$ 430.90

<sup>\*</sup> 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)]