

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Keeler, Longbrake, Lynaugh for Grandview Heights							
Full Name of Contributor Edward Winemiller					Registration Number, if PAC		
Street Address 1365 Elmwood Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43219	M 0 8	D 3 1	Y 1 5	Amount 50.00	
Full Name of Contributor Paul Fallon					Registration Number, if PAC		
Street Address PO Box 12181			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43212	M 0 9	D 0 4	Y 1 5	Amount 25.00	
Full Name of Contributor Mary Keeler					Registration Number, if PAC		
Street Address 23655 Hawkins Creek Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Katy	State T X	Zip Code 77494	M 0 9	D 0 4	Y 1 5	Amount 45.75	
Full Name of Contributor Stacie Downs					Registration Number, if PAC		
Street Address 7173 Hillmont Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City New Albany	State O H	Zip Code 43054	M 0 9	D 1 1	Y 1 5	Amount 100.00	
Full Name of Contributor Nate Fisher					Registration Number, if PAC		
Street Address 1814 W. First Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Grandview Heights	State O H	Zip Code 43212	M 0 9	D 1 1	Y 1 5	Amount 20.00	
Full Name of Contributor Mark Gundling					Registration Number, if PAC		
Street Address 1041 Beechview Drive North			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Worthington	State O H	Zip Code 43085	M 0 9	D 1 1	Y 1 5	Amount 135.00	
Full Name of Contributor Erin Winemiller					Registration Number, if PAC		
Street Address 1365 Elmwood Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grandview Heights	State O H	Zip Code 43212	M 0 9	D 1 1	Y 1 5	Amount 100.00	
Full Name of Contributor Jason Longbrake					Registration Number, if PAC		
Street Address 1305 Pelton			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Fostoria	State O H	Zip Code 44830	M 0 9	D 1 3	Y 1 5	Amount 45.75	

* 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)]