## Page 2 of 2

## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full			**************************************		***************************************	
Douglass For School Board						
				ation Number, if PAC		
Grant Douglass						
Street Address	Employer/Occur	pation/Labor Organization*	l	MINISTERNA (MINISTERNA MARIA		Form/(Cash), Check, etc.)
1115 Urlin Ave.						
City	State	Zip Code	M	D	Υ .	Amount
Columbus	OH	43212	0 9	1 6	0 9	``∂50000
Full Name of Contributor Registration Number, if PAC						
Grant Douglass			ann an			
Street Address	Employer/Occur	pation/Labor Organization*		en e	nikana senakana	Form (Cash, Check) etc.)
1115 Urlin Ave.		·				6057
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43212	1 0	2 8	0 9	2,000.00
Full Name of Contributor	annous properties and a source of the source		Registra	tion Num	ber, if PA	
James McCauley						
Street Address	Employer/Occup	pation/Labor Organization*	Вининический	VONIUM MARKET		Form (Cash, Pheck) etc.)
1208 Westwood Ave.						1733
City	State	Zip Code	М	D	Y	Amount
Columbus	ОН	43212	1 1	1 8	0 9	50.00
Full Name of Contributor		en e	Registra	tion Num	ber, if PA	\C
Grant Douglass						
Street Address	Employer/Occup	pation/Labor Organization*		ADITOR OF THE PROPERTY OF THE	***************************************	Form (Cash, Check) etc.)
1115 Urlin Ave.	Hanlin Rainaldi Construction Corp				6131	
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43212	1 2	1 0	0 9	500.00
Full Name of Contributor Registration Number, if P					ber, if P/	\C
Street Address	Employer/Occup	pation/Labor Organization*	***************************************	***************************************		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
	OH					
Full Name of Contributor Registration Number, if PA						AC
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
				<b></b>	,	
City	State	Zip Code	M	D	Y	Amount
	OH					
Full Name of Contributor			Registra	ation Nur	ber, if PA	AC
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
				·	T	
City	State	Zip Code	M	D	Y	Amount
	OH					
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		17: 6.1	1 34	T 5	T 3.5	
City	State OH	Zip Code	M	D	Y	Amount
						1

<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 also appear. [R.C. 3517.10(B)(4)]