

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Keeler, Longbrake, Lynaugh for Grandview Heights</b>									
Full Name of Contributor <b>Luke Legate</b>						Registration Number, if PAC			
Street Address <b>5025 McDade Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Austin</b>	State <b>O   H</b>	Zip Code <b>78735</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>96.80</b>			
Full Name of Contributor <b>Justin Higgins</b>						Registration Number, if PAC			
Street Address <b>16560 Nanticoke Apt 102</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Woodbridge</b>	State <b>V   A</b>	Zip Code <b>22191</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>4.55</b>			
Full Name of Contributor <b>Tracy Kessler</b>						Registration Number, if PAC			
Street Address <b>1289 Elmwood Dr.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Grandview Heights</b>	State <b>O   H</b>	Zip Code <b>43212</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>8.91</b>			
Full Name of Contributor <b>Beatrice Euton</b>						Registration Number, if PAC			
Street Address <b>1255 Curce Rd.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Delaware</b>	State <b>O   H</b>	Zip Code <b>43015</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>96.80</b>			
Full Name of Contributor <b>Carrie Pastor</b>						Registration Number, if PAC			
Street Address <b>2889 Pineridge Ave.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cincinnati</b>	State <b>O   H</b>	Zip Code <b>45208</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>28.83</b>			
Full Name of Contributor <b>Brandon Lynaugh</b>						Registration Number, if PAC			
Street Address <b>1299 Avondale Ave.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Grandview Heights</b>	State <b>O   H</b>	Zip Code <b>43212</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>90.00</b>			
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			
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)]