Page	5

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					-		
Keeler, Longbrake, Lynaugh for C	Grandview Heights						
I Name of Contributor			Registra	Registration Number, if PAC			
Minyet Hua							
Street Address	Employer/Occi	pation/Labor Organization	•			Form (Cash, Check, etc	c.)
1489 King Ave.						Check	
City	State	Zíp Code	М	D .	Y	Amount	
Columbus	О Н	43212	0 8		1 5		3.33
Full Name of Contributor			Registra	ation Nu	mber, if F	AC	
Frank Kohstall							
Street Address	Employer/Occu	ipation/Labor Organization	•			Form (Cash, Check, etc	c.)
4430 Holland Apt. 4125						Check	
City	State	Zip Code	M.	D .	Y	Amount	
Toledo	O   H	43623	0   8	3 1	1 5	100	0.00
Full Name of Contributor			Registra	ation Nu	mber, if F	PAC	
Sue Laughlin							
Street Address	Employer/Occu	ipation/Labor Organization	•			Form (Cash, Check, etc	c.)
2977 Palmetto						Check	
City	State	Zip Code	м	_ D	Y	Amount	
Columbus	O   H	43204	0 8	3 1	1 5	25	5.00
Full Name of Contributor			Registra	ation Nu	mber, if F	'AC	
Brandon Lynaugh							
Street Address	Employer/Occu	pation/Labor Organization	•			Form (Cash, Check, etc	c.)
1299 Avondale Ave.						Cash	
City	State	Zip Code	М	D	Y	Amount	
Grandview Heights	O   H	43212	0   8	3   1	1 5	115	5.00
Full Name of Contributor			Registra	ation Nu	nber, if f	AC	
Rebecca Pearcey							
Street Address	Employer/Occu	pation/Labor Organization	•			Form (Cash, Check, etc	:.)
121 E. Livingston Ave						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43215	0 8	3 1	1 5	48	3.62
Full Name of Contributor	_		Registra	ation Nur	nber, if P	AC	
Mark Potts							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
330 Guernsey						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	О   Н	43204	0 8	3 1	1 5	25	.00
Full Name of Contributor	<u> </u>				nber, if F	AC	
James Rish							
Street Address	Employer/Occu	pation/Labor Organization	+			Form (Cash, Check, etc	)
1505 Cambridge Rd.	•					Check	
City	State	Zip Code	М	D	Y	Amount	
Marble Cliff	ОІН	43212	0   8	3   1	1 5	200	00.0
Full Name of Contributor	,				nber, if P	AC	
John Roscoe			ı				
Street Address	Employer/Occu	pation/Labor Organization	<del>. '</del>			Form (Cash, Check, etc	)
1617 Grandview Ave. Apt A						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОІН	43212	0 8	3   1	1   5	100	00.0

Page Total \$	636.95

<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)]