

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 Minyet Hua					Registration Number, if PAC		
Street Address 1489 King Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 8	Y 3 1	Amount 23.33	
Full Name of Contributor Frank Kohstall					Registration Number, if PAC		
Street Address 4430 Holland Apt. 4125		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Toledo	State O H	Zip Code 43623	M 0	D 8	Y 3 1	Amount 100.00	
Full Name of Contributor Sue Laughlin					Registration Number, if PAC		
Street Address 2977 Palmetto		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 0	D 8	Y 3 1	Amount 25.00	
Full Name of Contributor Brandon Lynaugh					Registration Number, if PAC		
Street Address 1299 Avondale Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grandview Heights	State O H	Zip Code 43212	M 0	D 8	Y 3 1	Amount 115.00	
Full Name of Contributor Rebecca Pearcey					Registration Number, if PAC		
Street Address 121 E. Livingston Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 8	Y 3 1	Amount 48.62	
Full Name of Contributor Mark Potts					Registration Number, if PAC		
Street Address 330 Guernsey		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 0	D 8	Y 3 1	Amount 25.00	
Full Name of Contributor James Rish					Registration Number, if PAC		
Street Address 1505 Cambridge Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Marble Cliff	State O H	Zip Code 43212	M 0	D 8	Y 3 1	Amount 200.00	
Full Name of Contributor John Roscoe					Registration Number, if PAC		
Street Address 1617 Grandview Ave. Apt A		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 8	Y 3 1	Amount 100.00	

* 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)]

Page Total \$ 636.95