Statement of Contributions Received

Prescribed by Secretary of State 3/05

	•				
Name of Committee in Full					
Keeler, Longbrake, Lynaugh for G	randview Height	S			
Il Name of Contributor			Registration Number, if PAC		
Luke Legate	Ir 1 16	upation/Labor Organization*			
Street Address	Employer/Occ		į	Form (Cash, Check, etc.)	
5025 McDade Drive		In A			Check
City Austin	State	Zip Code 78735	M D	Y	Amount Oc. 90
Full Name of Contributor	О Н	/0/33	0 9 1 8		96.80
Justin Higgins			Registration Nur	noer, it P	AL
Street Address	Employer/Occ	upation/Labor Organization*			Form (Cash, Check, etc.)
16560 Nanticoke Apt 102	Linployer/ occ	apations cause organization			Check
City	State	Zip Code	MID	ÎΥ	Amount
Woodbridge	V A	22191	0 9 2 2	1 5	4.55
Full Name of Contributor	+ <u>A</u>	1 22171	Registration Num		
Tracy Kessler			, and a second second		
Street Address	Employer/Occ	upation/Labor Organization*			Form (Cash, Check, etc.)
1289 Elmwood Dr.	Employer occupation Europ Organization				Check
City	State	Zip Code	м р	Υ	Amount
Grandview Heights	ОІН	43212	0 9 2 3	1:5	8.91
Full Name of Contributor	1 - 1	1	Registration Nun		
Beatrice Euton					
Street Address	Employer/Occ	upation/Labor Organization*			Form (Cash, Check, etc.)
1255 Curce Rd.					Check
City	State	Zip Code	M D	Υ	Amount
Delaware	ОІН	43015	0 9 2 5	1 5	96.80
Full Name of Contributor	_	<u>.</u>	Registration Nun	nber, if P	AC
Carrie Pastor					
Street Address	Employer/Occupation/Labor Organization*		-		Form (Cash, Check, etc.)
2889 Pineridge Ave.					Check
City	State	Zip Code	M D		Amount
Cincinnati	О Н	45208	0 9 2 9	1 5	28.83
Full Name of Contributor		<u> </u>	Registration Nun	nber, if P	AC
Brandon Lynaugh					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1299 Avonđale Ave.					Cash
City	State	Zip Code	M D	Y	Amount
Grandview Heights	0 н	43212	1 0 0 5		
Full Name of Contributor			Registration Num	nber, if P	AC
	T				
Street Address	Employer/Occ	upation/Labor Organization*			Form (Cash, Check, etc.)
		- In			
City	State	Zip Code	M D	Y :	Amount
5. W. W	ļ		Basistantias Nus	- if F	
Full Name of Contributor			Registration Nun	noer, ir P	AC
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
Street Address Employer/Occupation/Labor Organization*					i Omi (Cesii, Clicux, Ciu.)
City	State	Zip Code	MD	Y	Amount
on,	1				
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* 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	\$ 325.89