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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						· ·	
Keeler, Longbrake, Lynaugh for Gr	andview Heights						
Full Name of Contributor				Registration Number, if PAC			
Edward Winemiller	<u> </u>	•					
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1365 Elmwood Ave.		· · · ·				Check	
City	State	Zip Code	M _.	D	Y	Amount	
Columbus	ОН	43219		3 1	1 5		
Full Name of Contributor			Registra	ation Nur	nber, if F	PAC	
Paul Fallon							
Street Address	Employer/Occu	ipation/Labor Organization*				Form (Cash, Check, etc.)	
PO Box 12181				•		Check	
City	State	Zip Code	M .	D	Υ	Amount	
Columbus	OH	43212		0 4		25.00	
Full Name of Contributor			Registra	ation Nur	nber, if F	PAC	
Mary Keeler							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
23655 Hawkins Creek Ct						Check	
City	State	Zip Code	M	D	Υ	Amount	
Katy	ΤΙΧ	77494		0 4		45.75	
Full Name of Contributor			Registra	ation Nur	nber, if F	PAC	
Stacie Downs	.						
Street Address	Employer/Occu		Form (Cash, Check, etc.)				
7173 Hillmont Dr.					,	Cash	
City	State	Zip Code	M M	D	Y	Amount	
New Albany	ОН	43054		1 1	1	100.00	
Full Name of Contributor			Registra	ation Nur	nber, if P	PAC	
Nate Fisher							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
1814 W. First Ave			.,		,	Cash	
City	State	Zíp Code	M	D	Υ	Amount	
Grandview Heights	ОН	43212		1 1			
Full Name of Contributor			Registra	ition Nur	nber, if F	AC	
Mark Gundling							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1041 Beechview Drive North		T	.	1 .		Cash	
City	State	Zip Code	M.	D	Y	Amount	
Worthington	0 <u>H</u>	43085		1 1			
Full Name of Contributor			Registra	ation Nur	nber, if F	PAC	
Erin Winemiller							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1365 Elmwood Ave.		·				Check	
City	State	Zip Code	M A	D	Y	Amount	
Grandview Heights	O H	43212		1 1	1 5		
Full Name of Contributor			Registra	ation Nur	nber, it i	PAC	
Jason Longbrake						To 10 10	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1305 Pelton		la		1 -	r	Check	
City	State	Zip Code	I M	0	Y	Amount	
Fostoria	ОН	44830	10 9	1 3	1 5	45.75	

^{*} 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 \$ 521.50