

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full DOUGLASS FOR SCHOOL BOARD					
Full Name of Contributor GRANT DOUGLASS				Registration Number, if PAC	
Street Address 1115 UNION AVE		Employer/Occupation/Labor Organization* SELF / HAWKINS ROADSIDE CONSTRUCTION CORP		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43212	M 0	D 9	Y 1609 Amount 50
Full Name of Contributor GRANT DOUGLASS				Registration Number, if PAC	
Street Address 1115 UNION AVE		Employer/Occupation/Labor Organization* SELF		Form (Cash, Check, etc.) CASH	
City COLUMBUS	State OH	Zip Code 43212	M 0	D 0	Y 2000 Amount 2000
Full Name of Contributor James & Barbara McCauley				Registration Number, if PAC	
Street Address 1208 Westwood Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43212	M 1	D 1	Y 1809 Amount 50
Full Name of Contributor GRANT DOUGLASS				Registration Number, if PAC	
Street Address 1115 Union Ave		Employer/Occupation/Labor Organization* SELF / HAWKINS ROADSIDE CONSTRUCTION CORP		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43212	M 1	D 2	Y 1009 Amount 500
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 0	Y 0 Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 0	Y 0 Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 0	Y 0 Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 0	Y 0 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **2,600**
\$0.00