31-	A		
R.C.	351	7.	10

Statement of Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Grandview Heights So	chools	· •			
Full Name of Contributor			Registration Number, if PAC		
Steven Gladman					
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
961 Grandview Avenue				Check	
City Grandview Heights	State OH	Zip Code 43212	M D Y 0 8 1 3 1 4	Amount \$500.00	
Full Name of Contributor			Registration Number, if	PAC	
Andrew Culp					
Street Address	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
2077 Pinebrook Road				Check	
City	State	Zip Code	Mg D Y	Amount	
Upper Arlington	OH	43220	8 1 3 1 4	\$100.00	
Full Name of Contributor Deborah Brannan			Registration Number, if I	PAC	
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
987 Grandview:Avenue		. •		Check	
City	State	Zip Code	M D Y	Amount	
Grandview Heights	ОН	43212	0 8 1 3 1 4	\$100.00	
Full Name of Contributor			Registration Number, if I	PAC	
Beth Collier					
Street Address	Employer/Occu	pation/Labor Organization	•	Form (Cash, Check, etc.)	
623 Hampton Woods Drive				Check	
City	State	Zip Code	M D Y	Amount	
Marion	OH	43303	081514	\$100.00	
Full Name of Contributor Mary Maxfield	·		Registration Number, if I	PAC	
Street Address	Employer/Occu	pation/Labor Organization	<u>.</u>	Form (Cash, Check, etc.)	
54 Victorian Gate Way				Check	
City	State	Zip Code	M D Y	Amount	
Columbus	OH	43215	0 8 1 5 1 4	\$100.00	
Full Name of Contributor Katie Clifford			Registration Number, if I	AC	
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
1134 Broadview Avenue	,			Check	
City	State	Zip Code	M D Y	Amount	
Grandview Heights	OH	43212	0 B 1 5 1 4	\$100.00	
Full Name of Contributor	<u> </u>		Registration Number, if I	PAC	
Susan Jagers					
Street Address	Employer/Occu	pation/Labor Organization	·····	Form (Cash, Check, etc.)	
1543 Wyandotte Road				Check	
City	State	Zip Code	0 B 1 5 1 4	Amount	
Grandview Heights	ОН	43212	PB 15 14	\$75.00	
Full Name of Contributor Angela Ullum			Registration Number, if I	PAC	
Street Address	Finnlover/Occas	pation/Labor Organization		Form (Cash, Check, etc.)	
5798 Dena Drive	Zanpioyarocci	Cifemenon		Check	
City	State	Zip Code	M D Y		
Hilliard	OH	43026	M D Y A 1 4	\$100.00	

Page Total \$1,175.00

[•] 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 also appear. [R.C. 3517.10(B)(4)]