

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 Joseph Buscemi						Registration Number, if PAC			
Street Address 1411 Haines Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grandview Heights	State O H	Zip Code 43212	M 0	D 8	Y 3	Y 1	Y 5	Amount 25.00	
Full Name of Contributor Stephanie Collins						Registration Number, if PAC			
Street Address 199 Springbrook Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0	D 8	Y 3	Y 1	Y 5	Amount 96.80	
Full Name of Contributor Trent Dougherty						Registration Number, if PAC			
Street Address 1292 Mulford			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grandview Heights	State O H	Zip Code 43212	M 0	D 8	Y 3	Y 1	Y 5	Amount 50.00	
Full Name of Contributor Jeffrey Furbee						Registration Number, if PAC			
Street Address 969 Woodhill Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grandview Heights	State O H	Zip Code 43212	M 0	D 8	Y 3	Y 1	Y 5	Amount 40.00	
Full Name of Contributor Eric Gehres						Registration Number, if PAC			
Street Address 1386 Haines			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grandview Heights	State O H	Zip Code 43212	M 0	D 8	Y 3	Y 1	Y 5	Amount 100.00	
Full Name of Contributor Michael Gonidakis						Registration Number, if PAC			
Street Address 6586 Baronscourt Loop			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0	D 8	Y 3	Y 1	Y 5	Amount 200.00	
Full Name of Contributor Barbara Hegler						Registration Number, if PAC			
Street Address 1899 Marblecliff Crossing			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 0	D 8	Y 2	Y 5	Y 1	Amount 50.00	
Full Name of Contributor Kevin Holtsberry						Registration Number, if PAC			
Street Address 3168 Westmills Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 0	D 8	Y 3	Y 1	Y 5	Amount 25.00	

* 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 \$ **586.80**