

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 Douglas Hyne					Registration Number, if PAC		
Street Address 453 Eliot St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Milton	State M A	Zip Code 02186	M 0	D 6	Y 3 0	Amount 1 5	250.00
Full Name of Contributor Patrick Lynaugh					Registration Number, if PAC		
Street Address 512 Iris Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lansing	State M I	Zip Code 48917	M 0	D 7	Y 0 6	Amount 1 5	100.00
Full Name of Contributor Seth Tompkins					Registration Number, if PAC		
Street Address 5549 Piccadilly Cir		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City West Bloomfield	State M I	Zip Code 48322	M 0	D 7	Y 0 8	Amount 1 5	485.20
Full Name of Contributor Daniel Hazard					Registration Number, if PAC		
Street Address 401 W. Broadway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Maumee	State O H	Zip Code 43537	M 0	D 7	Y 0 8	Amount 1 5	485.20
Full Name of Contributor Derrick Long					Registration Number, if PAC		
Street Address 1495 Wyandotte		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grandview Heights	State O H	Zip Code 43212	M 0	D 7	Y 0 8	Amount 1 5	96.80
Full Name of Contributor Thomas Norris					Registration Number, if PAC		
Street Address 6712 Ridpath Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0	D 7	Y 0 8	Amount 1 5	485.20
Full Name of Contributor Randy Thompson					Registration Number, if PAC		
Street Address 961 Bryansplace Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Winston Salem	State N C	Zip Code 27104	M 0	D 7	Y 0 8	Amount 1 5	9.41
Full Name of Contributor Trevor Vessels					Registration Number, if PAC		
Street Address 6752 Cooperstone Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 0 8	Amount 1 5	96.80

* 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 \$ 2,008.61