



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Committee For Grandview Heights Schools				
Full Name of Contributor Scott Scriven LLP			Registration Number, if PAC	
Street Address 250 E. Broad St. 9th Floor		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 09/18/2018	Amount 1500.00
Full Name of Contributor Alicia Gaston			Registration Number, if PAC	
Street Address 1991 West Third Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check online
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/25/2018	Amount 50.00
Full Name of Contributor Greta Kearns			Registration Number, if PAC	
Street Address 1241 Lincoln Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/26/2018	Amount 100.00
Full Name of Contributor Joe Buscemi			Registration Number, if PAC	
Street Address 1411 Haines		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/28/2018	Amount 25.00
Full Name of Contributor Dominic Buscemi			Registration Number, if PAC	
Street Address 1362 Lincoln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/28/2018	Amount 100.00

*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)]