R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full								
Friends of Debbie Brannan								
Full Name of Contributor							**Registration Number, if PAC**	
Jeffrey Jones								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
1315 Cambridge Blvd.								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus,	OH	43212	09	23	15			$75.00
Full Name of Contributor							**Registration Number, if PAC**	
Gladman for Grandview, Steven Gladman, Treasurer								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
961 Grandview Ave.								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43212	09	28	15			150.00
Full Name of Contributor							**Registration Number, if PAC**	
Michael E. Brannan								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
987 Grandview Ave.								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43212	10	17	15			$100.00
Full Name of Contributor							**Registration Number, if PAC**	
Jesse Trucht								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
1147 Grandview Ave.								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43212	10	15	15			50.00
Full Name of Contributor							**Registration Number, if PAC**	
Eugene J. McHugh								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
1153 Virginia Ave.								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43212	10	7	15			50.00
Full Name of Contributor							**Registration Number, if PAC**	
Michael E. Brannan								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
987 Grandview Ave.								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43212	11	12	15			1107.37
Full Name of Contributor							**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Full Name of Contributor							**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**			**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)]

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