

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee For Grandview HTS Schools									
Full Name of Contributor Bob Baeslack						Registration Number, if PAC			
Street Address 7840 Pleasant Creek Ct		Employer/Occupation/Labor Organization* Principal				Form (Cash, Check, etc.) check			
City Powell	State OH	Zip Code 43065	M 11	D 01	Y 10	Amount 50.00			
Full Name of Contributor Jack Kukura						Registration Number, if PAC			
Street Address 1435 Cambridge Blvd		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus	State OH	Zip Code 43212	M 11	D 01	Y 10	Amount 250.00			
Full Name of Contributor Tom Gilbert						Registration Number, if PAC			
Street Address 2624 Bristol Rd.		Employer/Occupation/Labor Organization* Teacher				Form (Cash, Check, etc.) check			
City Columbus	State OH	Zip Code 43221	M 11	D 01	Y 10	Amount 50.00			
Full Name of Contributor Connie Wirtz						Registration Number, if PAC			
Street Address 1034 Harborview		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus	State OH	Zip Code 43081	M 11	D 01	Y 10	Amount 10.00			
Full Name of Contributor Susan GAFFord						Registration Number, if PAC			
Street Address 1215 Clubview Blvd S.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus	State OH	Zip Code 43235	M 11	D 01	Y 10	Amount 40.00			
Full Name of Contributor Susan Weber						Registration Number, if PAC			
Street Address 1982 Zollinger Rd		Employer/Occupation/Labor Organization* Teacher				Form (Cash, Check, etc.) check			
City Cor.	State OH	Zip Code 43221-1928	M 11	D 01	Y 10	Amount 50.00			
Full Name of Contributor Katie Maxfield						Registration Number, if PAC			
Street Address 184 Westview Ave		Employer/Occupation/Labor Organization* Teacher				Form (Cash, Check, etc.) check			
City Columbus	State OH	Zip Code 43228	M 11	D 01	Y 10	Amount 100.00			
Full Name of Contributor Kevin Richards						Registration Number, if PAC			
Street Address 1314 Weinser Dr		Employer/Occupation/Labor Organization* Teacher				Form (Cash, Check, etc.) CASH			
City New Albany	State OH	Zip Code 43054	M 11	D 01	Y 10	Amount 70			

* 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 \$ **620.00**