



Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee									
Friends of Greta Kearns for Grandview									
Full Name of Contributor Registra					tration Number, if PAC				
Timothy Galvin									
Street Address	Employer/	Occupation/Labor Org		Form (Cash, Check, etc.)					
1314 Wyandotte Rd			check						
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount				
Grandview Heights	ОН	43212	08/17/2017		150.00				
Full Name of Contributor Registratio					Number, if PAC				
Megan Hatta									
Street Address	Employer/	Occupation/Labor Org	Form (Cash, Check, etc.)						
1900 W 3rd St			check						
City	State	Zip Code	Date (MM/DD/YYYY)		Amount				
Grandview Heights	ОН	43212	08/21/2017		50.00				
Full Name of Contributor	er, if PAC								
David Schmeid									
Street Address	Employer	Occupation/Labor Org	ganization*	<u> </u>	Form (Cash, Check, etc.)				
1451 Haines Ave			check						
City	State	Zip Code	Date (MM/DD/YYYY)		Amount				
Grandview Heights	ОН	43212	09/12/2017		25.00				
Full Name of Contributor	er, if PAC								
Ansley Splinter									
Street Address	Employer	Occupation/Labor Or	Form (Cash, Check, etc.)						
1190 Lincoln Rd	}		check						
City	State	Zip Code	Date (MM/DD/YYYY)		Amount				
Grandview Heights	ОН	43212	09/12/2017		100.00				
Full Name of Contributor		er, if PAC							
Katherine Lobley									
Street Address	Employer	Occupation/Labor Or	Form (Cash, Check, etc.)						
1318 Haines Ave	check								
City	State	Zip Code	Date (MM/DD/YYYY)		Amount				
Grandview Heights	ОН	43212	09/12/2017		50.00				

Page	Total	375.00)	

^{*}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)]