Statement of Contributions Received

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| Page | <u>'</u> |

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | | | | |
|---|---|---------------------------------------|-----------------------------|--------------------------|--|--|
| Evans for Grandview Schools | | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Susan Jagers | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| 1543 Wyandotte Road | Self-Employed | | | Check | | |
| City Grandview Heights | State OH | Zip Code 43212 | 0 9 0 6 1 3 | Amount \$100.00 | | |
| Full Name of Contributor | <u> </u> | Registration Number, if PAC | | | | |
| Margaret Kukura | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | | |
| 1435 Cambridge Avenue | | 2 | | Check | | |
| City | State | Zip Code | M D Yi | Amount | | |
| Marble Cliff | ОН | 43212 | 091113 | \$50.00 | | |
| Full Name of Contributor Gladman for Grandview, Steve Gladman Tre | | Registration Number, if PAC | | | | |
| Street Address | Employer/Occupat | tion/Labor Organization | <u> </u> | Form (Cash, Check, etc.) | | |
| 961 Grandview Ave | | | check | | | |
| City | State | Zip Code | M D Y | Amount | | |
| Grandview Heights Full Name of Contributor | ОН | 43212 | 0 9 1 1 1 3 | \$50.00 | | |
| Kristin Dobies | AC | | | | | |
| | , | - . | | 1 | | |
| Street Address | Employer/Occupat | tion/Labor Organization | | Form (Cash, Check, etc.) | | |
| 1313 Inglis Ave. | 6- 4 | Zip Code | I w I s I w | Check | | |
| City Columbus | State OH | 43212 | 0 9 1 1 1 3 | Amount \$35.00 | | |
| Full Name of Contributor | | <u> </u> | Registration Number, if Pa | AC | | |
| Rebecca Ryan | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | | |
| 1151 Oakland Ave | | · · | | Check | | |
| City | State | Zip Code | M D Y | Amount | | |
| Grandview Heights | OH | 43212 | 0 9 1 6 1 3 | \$20.00 | | |
| Full Name of Contributor Registration Number, if P | | | | | | |
| Deborah Waddell | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | | |
| 1330 Wyandotte Road | | | | Check | | |
| City | State | Zip Code | M D Y | Amount | | |
| Grandview Heights | OH | 43212 | 091713 | \$50.00 | | |
| Full Name of Contributor | <u> </u> | · · · · · · · · · · · · · · · · · · · | Registration Number, if Pa | AC | | |
| Laura Fitch | | | | | | |
| Street Address | Employer/Occupat | tion/Labor Organization | | Form (Cash, Check, etc.) | | |
| 1271 Oakland Ave. | | _ | | Check | | |
| City | State | Zip Code | M D Y | Amount | | |
| Grandview Heights | OH | 43212 | 100813 | \$50.00 | | |
| Full Name of Contributor Registration Number, if PAC | | | | | | |
| Nicole DeVere | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | | |
| 1659 Ridgeway Place | ļ | 1 | | Check | | |
| City Connections Heights | State | Zip Code | Molololy | Amount | | |
| Grandview Heights | OH | 43212 | 1 0 0 9 1 3 | \$25.00 | | |

Page Total \$380.00

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)]