



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee No on Issue 6-Grandview Heights Schools				
Full Name of Contributor Tim and Tess Galvin			Registration Number, if PAC	
Street Address 1314 Wyandotte Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online through STRIPE
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/04/2018	Amount 150.00
Full Name of Contributor John Black			Registration Number, if PAC NA	
Street Address 1320 Elmwood Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/09/2018	Amount 600.00
Full Name of Contributor John Black			Registration Number, if PAC NA	
Street Address 1320 Elmwood Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/19/2018	Amount 1,400.00
Full Name of Contributor Alyssa Van Ausdal			Registration Number, if PAC na	
Street Address 1254 W. First Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/30/2018	Amount 1.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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)]