Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Keeler, Longbrake, Lynaugh for G	randviow Hoighte						
Full Name of Contributor	randview Heights		Danista	ation No.	mbar if f		
Joseph Buscemi			Region	ation Nu	moer, ii i	AL	
Street Address	Employer/Occu	parias / abor Ornasivation*	<u> </u>			Iram (Carl Ct	! X
111 111 111	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1411 Haines Ave.		T				Check	
Crandviaw Heights	State	Zip Code 43212	M	$\begin{vmatrix} 0 \\ 3 \end{vmatrix} 1$	1 5	Amount	25.00
Grandview Heights Full Name of Contributor	ОН	43212				1	25.00
Stephanie Collins			Kegiştr	ation Nur	noer, ir r	AL	
Street Address	Employer/Occu	pation/Labor Organization*	——			Form (Cash, Ch	eck. etc.)
199 Springbrook Place	' '				Check		
City	State	Zip Code	Тм	D	ΙΥ	Amount	
Gahanna	ОІН	43230	018	3 1	1 5		96.80
Full Name of Contributor	1 - 1 - 1	1 -0-00	_	ation Nu		PAČ	
Trent Dougherty							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
1292 Mulford						Check	
City	State	Zip Code	М	D	Υ	Amount	
Grandview Heights	ОІН	43212	0 ! 8	3 1	1 5		50.00
Full Name of Contributor	<u> </u>			ation Nur		PAC	
Jeffrey Furbee							
Street Address	Employer/Occu	pation/Labor Organization*	_			Form (Cash, Che	eck, etc.)
969 Woodhill Dr.						Check	
City	State	Zíp Code	М	D	Y	Amount	
Grandview Heights	ОІН	43212	0 ! 8	3 1	1 5		40.00
Full Name of Contributor	<u> </u>	1	Registra	ation Nur	nber, if F	PAC	
Eric Gehres							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)
1386 Haines						Check	
City	State	Zip Code	М	D	Y	Amount	
Grandview Heights	ОН	43212	0 8	3 1	1 5		100.00
Full Name of Contributor	<u> </u>			ation Nur	nber, if F	PAC	
Michael Gonidakis							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
6586 Baronscourt Loop						Check	
City	State	Zip Code	М	G	Y	Amount	
Dublin	0 н	43016	0 8	3 1	1 5		200.00
Full Name of Contributor	<u> </u>	<u></u>		ation Nur			
Barbara Hegler			1				
Street Address	Employer/Occu	pation/Labor Organization*	•			Form (Cash, Ch	eck, etc.)
1899 Marblecliff Crossing						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	0 н	43204	0 8	2 5	1 5]	50.00
Full Name of Contributor	=		Registr	ation Nur	πber, if F	PAC	
Kevin Holtsberry							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
3168 Westmills Dr.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43204	0 8	3 1	1 5	<u> </u>	25.00

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total	\$ 586.80	