

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Grandview Heights Schools									
Full Name of Contributor Jesse Truett						Registration Number, if PAC			
Street Address 1147 Grandview Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43212		M 0		D 9	
						Y 1		Amount \$100.00	
Full Name of Contributor John Kukura						Registration Number, if PAC			
Street Address 1435 Cambridge Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Marble Cliff		State OH		Zip Code 43212		M 0		D 9	
						Y 1		Amount \$100.00	
Full Name of Contributor Elizabeth and Doug Page						Registration Number, if PAC			
Street Address 1076 Grandview Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grandview Heights		State OH		Zip Code 43212		M 0		D 9	
						Y 1		Amount \$25.00	
Full Name of Contributor Nationwide Insurance						Registration Number, if PAC			
Street Address 1 Nationwide Plaza			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43215		M 0		D 9	
						Y 2		Amount \$1,500.00	
Full Name of Contributor Adam Miller						Registration Number, if PAC			
Street Address 1600 Roxbury Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Marble Cliff		State OH		Zip Code 43212		M 0		D 9	
						Y 2		Amount \$75.00	
Full Name of Contributor Tristar Transportation						Registration Number, if PAC			
Street Address PO Box 186			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Worthington		State OH		Zip Code 43085		M 0		D 9	
						Y 2		Amount \$250.00	
Full Name of Contributor John Kessler						Registration Number, if PAC			
Street Address 1763 W. First Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grandview Heights		State OH		Zip Code 43212		M 1		D 0	
						Y 0		Amount \$100.00	
Full Name of Contributor Wagenbrenner Development						Registration Number, if PAC			
Street Address 575 W. First Avenue, Suite 100			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43215		M 1		D 0	
						Y 0		Amount \$1,250.00	

* 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)]