

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full GLADMAN FOR GRANDVIEW							
Full Name of Contributor STEVEN HESS						Registration Number, if PAC	
Street Address 4500 DUBLIN RD		Employer/Occupation/Labor Organization* REALTOR				Form (Cash, Check, etc.) CX 4145	
City COLUMBUS	State OH	Zip Code 43215	M 09	D 03	Y 15	Amount 100	
Full Name of Contributor RICHARD TALBOTT						Registration Number, if PAC	
Street Address 4236 SHIRE COVE RD		Employer/Occupation/Labor Organization* REALTOR				Form (Cash, Check, etc.) CX 2211	
City Hilliard	State OH	Zip Code 43026	M 09	D 02	Y 15	Amount 100	
Full Name of Contributor MICHELLE NORRIS						Registration Number, if PAC	
Street Address 1288		Employer/Occupation/Labor Organization* NATIONAL CHURCH RESIDENCES				Form (Cash, Check, etc.) CX 2660	
City COLUMBUS	State OH	Zip Code 43212	M	D	Y	Amount 50	
Full Name of Contributor SAMUEL BAKER						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization* BAKER REPAIR				Form (Cash, Check, etc.) CX 52405	
City	State	Zip Code	M	D	Y	Amount 100	
Full Name of Contributor JEFFERY WODA						Registration Number, if PAC	
Street Address 2315 ARLINGTON AVE		Employer/Occupation/Labor Organization* REALTOR				Form (Cash, Check, etc.) CX 2251	
City COLUMBUS	State OH	Zip Code 43281	M 09	D 14	Y 15	Amount 250	
Full Name of Contributor ED LEONARD						Registration Number, if PAC	
Street Address 146 GRANVILLE ST. SUITE D		Employer/Occupation/Labor Organization* TREASURER - FRANKLIN CO				Form (Cash, Check, etc.) CX 1609	
City COLUMBUS	State OH	Zip Code 43230	M 09	D 20	Y 15	Amount 250 -	
Full Name of Contributor CLARENCE MINGO						Registration Number, if PAC	
Street Address 12364 THROUGHBRED DR.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CX 2610	
City PICKERINGTON	State OH	Zip Code 43147	M 09	D 30	Y 15	Amount 100	
Full Name of Contributor RONALD BURSON						Registration Number, if PAC	
Street Address 614 SYCAMORE		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CX 3104	
City GAHANNA	State OH	Zip Code 43230	M 09	D 15	Y 15	Amount 100 -	

* 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)]