



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Committee for Grandview Heights Schools				
Full Name of Contributor F2 Companies LLC			Registration Number, if PAC	
Street Address 6252 Riverside Road, Suite 150		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10/25/2018	Amount \$1000.00
Full Name of Contributor Nationwide Mutual Insurance Company			Registration Number, if PAC	
Street Address One Nationwide Plaza 1-32-06		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/25/2018	Amount 5000.00
Full Name of Contributor Susan Jagers			Registration Number, if PAC	
Street Address 1543 Wyandotte Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/25/2018	Amount \$50.00
Full Name of Contributor Michael Curtin			Registration Number, if PAC	
Street Address 1370 Cambridge Blvd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/25/2018	Amount \$750.00
Full Name of Contributor Sharon Curtin			Registration Number, if PAC	
Street Address 1370 Cambridge Blvd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/25/2018	Amount \$500.00

*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)]

Page Total \$7300.00