

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Joanne Peters for Grandview School Board						
Full Name of Contributor Joanne S. Peters				Registration Number, if PAC		
Street Address 1465 W. First Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash		
City Columbus	State OH	Zip Code 43212	M 0	D 9	Y 0	Amount \$100.00
Full Name of Contributor Randy S. Kurek				Registration Number, if PAC		
Street Address Isaac, Brant, Ledman & Teetor LLP, 250 E. Broad St., Ste. 900		Employer/Occupation/Labor Organization* Isaac, Brant, Ledman & Teetor LLP / Attorney-Partner		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 1	Amount \$1,000.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	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)]

Page Total **\$1,100.00**