



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee for Grandview Heights Schools				
Full Name of Contributor Richard Day			Registration Number, if PAC	
Street Address 22 E. Gay Street, suite 800	Employer/Occupation/Labor Organization* Day Companies		Form (Cash, Check, etc.) online	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/27/2018	Amount \$50.00
Full Name of Contributor Matthew Cincione			Registration Number, if PAC	
Street Address 1228 Cambridge Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/28/2018	Amount \$50.00
Full Name of Contributor Angela Ullum			Registration Number, if PAC	
Street Address 5798 Dena Drive	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/28/2018	Amount \$50.00
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	Date (MM/DD/YYYY) 10/29/2018	Amount \$100.00
Full Name of Contributor GHEA			Registration Number, if PAC	
Street Address 1587 W Third Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/29/2018	Amount \$1000.00

*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 \$1250.00