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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			_							
Name of Committee in Full										
Keeler, Longbrake, Lynaugh for G	randview Hei	ghts		Ta :						
Full Name of Contributor TimAdams						Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Ch	nach atc 1		
1431 W. First Ave	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) Check			
City	Stat	Α.	Zip Code	Тм	Ιр	ΙΥ	Amount			
Grandview Heights	0 1	Н	43212		0 9		A I I I I I I I I I I I I I I I I I I I	500.00		
Full Name of Contributor		11			1 :	mber, if F	PAC	000.00		
Sue Laughlin				1		,				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Cl	neck, etc.)		
2977 Palmetto St.							Check			
City	Stat	e	Zip Code	М	ū	Y	Amount			
Columbus	0	Н	43204	0 7	1 1	1 5		150.00		
Full Name of Contributor	•			Registr	ation Nu	mber, if f	PAC			
Parker Novak				Ĭ						
Street Address	Employer	/Occu	pation/Labor Organization*	_			Form (Cash, Check, etc.)			
7682 Whitehall West Circle							Check			
City	Stat	е	Zip Code	М.	D	Y	Amount			
West Chester	_ 0	Н	45069		1 5			48.25		
Full Name of Contributor				Registra	ation Nu	mber, if F	PAC	_		
Cheryl Zeiger										
Street Address	Employer	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)		
7 Stonegate Village Dr.							Check			
City	Stat		Zip Code	M	D	Y	Amount	200.00		
Grandview Heights Full Name of Contributor	0	Н	43212		1 5	<u>. </u>		200.00		
Matt Hare				Registra	ation Nur	nber, if F	AC			
Street Address	Employer	/Occ.11	nation / shor Omenization				Town (Cosh, Ch	ant ata l		
2762 Shrewsbury Rd.	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) Check			
City	Stat	e	Zip Code	Тм	l D	ΙΥ	Amount			
Upper Arlington	0 1	Н	43221		1 7	1 5	Amount	96.80		
Full Name of Contributor		-11	15221			nber, if P	AC.	70.00		
Sue Forrester							, , <u>, , , , , , , , , , , , , , , , , </u>			
Street Address	Employer/Occupation/Labor Organization*			Fo			Form (Cash, Ch	eck, etc.)		
520 Tobacco Quay							Check			
City	State Zip Code			М	D	Y	Amount			
Alexandria	V I	Α	22314	0 7	1 8	1 5		145.35		
Full Name of Contributor						nber, if P	AC			
Matthew Shafer										
Street Address	Employer/	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)		
529 Lamont St. #101							Check			
City	Stat		Zip Code	М	0	Y	Amount			
Washington	D	C	20010	0 7	1 8	1 5		96.80		
Full Name of Contributor				Registra	ation Nur	nber, if P	AC			
Tony Gius				<u> </u>						
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Ch	eck, etc.)		
10704 Pinkney Lane			<u> </u>	1			Check			
City	State	e N	Zip Code	M	0	Y	Amount	07.00		
Austin	T	Х	78739	10:7	1210	1 5	I	96.80		

Page Total \$ 1,334.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]