



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Committee For Grandview Heights Schools				
Full Name of Contributor Bryce Monson			Registration Number, if PAC	
Street Address 1063 Broadview Ave.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/09/2018	Amount 250.00
Full Name of Contributor Michael Curtin			Registration Number, if PAC	
Street Address 1370 Cambridge Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/10/2018	Amount 250.00
Full Name of Contributor Michael Fitzpatrick			Registration Number, if PAC	
Street Address 2669 Berwyn Road	Employer/Occupation/Labor Organization* Elford		Form (Cash, Check, etc.) check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/11/2018	Amount 250.00
Full Name of Contributor James Smith			Registration Number, if PAC	
Street Address 5833 Heritage Lakes Drive	Employer/Occupation/Labor Organization* Elford		Form (Cash, Check, etc.) check	
City Hilliard	State OH	Zip Code 43206	Date (MM/DD/YYYY) 10/11/2018	Amount 250.00
Full Name of Contributor Corna-Kokosing Construction Company			Registration Number, if PAC	
Street Address 6235 Westerville Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 10/15/2018	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)]