

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Gladman for Grandview									
Full Name of Contributor Patricia Gladman						Registration Number, if PAC			
Street Address 961 Grandview Ave			Employer/Occupation/Labor Organization Midwest Phys. Anth.				Form (Cash, Check, etc.) Check 2520		
City Columbus			State OH		Zip Code 43212		M 0		D 7
							Y 1		Y 1
							Amount \$50.00		
Full Name of Contributor Columbus Apartment Association PAC						Registration Number, if PAC OH146			
Street Address 1225 Dublin Road			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check 1344		
City Columbus			State OH		Zip Code 43215		M 0		D 7
							Y 1		Y 1
							Amount \$2,000.00		
Full Name of Contributor Central Ohio Realtors PAC						Registration Number, if PAC			
Street Address 2700 Airport Drive			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check 19696		
City Columbus			State OH		Zip Code 43219		M 0		D 7
							Y 2		Y 0
							Amount \$1,000.00		
Full Name of Contributor Friends for Ginther						Registration Number, if PAC			
Street Address 545 E Town St			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check 1061		
City Columbus			State OH		Zip Code 43215		M 0		D 9
							Y 1		Y 4
							Amount \$250.00		
Full Name of Contributor Stivers for Congress						Registration Number, if PAC			
Street Address 4679 Winterset			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check 1416		
City Columbus			State OH		Zip Code 43220		M 1		D 1
							Y 1		Y 0
							Amount \$100.00		
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		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		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		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 **\$3,400.00**