

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Grandview's Future							
Full Name of Contributor Ray DeGraw					Registration Number, if PAC		
Street Address 1158 Virginia Ave		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Grandview Heights	State O H	Zip Code 43212	M 0 9	D 1 9	Y 12 	Amount 100.00	
Full Name of Contributor Susan Jagers					Registration Number, if PAC		
Street Address 1543 Wyandotte Road		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Grandview Heights	State O H	Zip Code 43212	M 0 9	D 1 9	Y 1 2	Amount 75.00	
Full Name of Contributor Steven Gladman					Registration Number, if PAC		
Street Address 961 Grandview Avenue		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Grandview Heights	State O H	Zip Code 43212	M 0 9	D 2 6	Y 1 2	Amount 300.00	
Full Name of Contributor Anthony Panzera					Registration Number, if PAC		
Street Address 1067 Broadview Avenue		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Grandview Heights	State O H	Zip Code 43212	M 0 9	D 2 6	Y 1 2	Amount 40.00	
Full Name of Contributor Brandon Lynaugh					Registration Number, if PAC		
Street Address 1299 Avondale Ave.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Grandview Heights	State O H	Zip Code 43212	M 0 9	D 2 7	Y 1 2	Amount 150.00	
Full Name of Contributor Patrik Bowman					Registration Number, if PAC		
Street Address 4050 Glenmont Place		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Grandview Heights	State O H	Zip Code 43214	M 1 0	D 0 3	Y 1 2	Amount 100.00	
Full Name of Contributor Steve Reynolds					Registration Number, if PAC		
Street Address 1070 Virginia		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Grandview Heights	State O H	Zip Code 43212	M 1 0	D 1 1	Y 1 2	Amount 50.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 815.00