

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Grandview Heights</b>						
Full Name of Contributor <b>Steven Gladman</b>				Registration Number, if PAC		
Street Address <b>110 N. 17th Street</b>		Employer/Occupation/Labor Organization* <b>Nonprofit management</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43203</b>	M <b>0</b>	D <b>1</b>	Y <b>2 2 1</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>Chris Smith for Grandview</b>				Registration Number, if PAC		
Street Address <b>1747 W. 1st Avenue</b>		Employer/Occupation/Labor Organization* <b>Ohio Senate</b>			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43212</b>	M <b>0</b>	D <b>1</b>	Y <b>3 0 1</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Ray DeGraw</b>				Registration Number, if PAC		
Street Address <b>1158 Virginia Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43212</b>	M <b>0</b>	D <b>2</b>	Y <b>0 9 1 6</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Patrik Bowman</b>				Registration Number, if PAC		
Street Address <b>4050 Glenmont Pl.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	M <b>0</b>	D <b>2</b>	Y <b>1 1 1 6</b>	Amount <b>\$50.00</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$700.00**