

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Keeler, Longbrake, Lynaugh for Grandview Heights							
Full Name of Contributor David Langdon					Registration Number, if PAC		
Street Address 8913 Cincinnati-Dayton Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City West Chester	State O H	Zip Code 45069	M 0	D 8	Y 1 0 1 5	Amount 242.45	
Full Name of Contributor Mark Kieffer					Registration Number, if PAC		
Street Address 16600 Mizzen Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cornelius	State N C	Zip Code 28031	M 0	D 8	Y 1 2 1 5	Amount 193.90	
Full Name of Contributor Wesley Wunderlich					Registration Number, if PAC		
Street Address 4530 Elder Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0	D 8	Y 1 9 1 5	Amount 23.97	
Full Name of Contributor Grant Douglas					Registration Number, if PAC		
Street Address 1115 Urlin Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grandview Heights	State O H	Zip Code 43212	M 0	D 8	Y 2 2 1 5	Amount 96.80	
Full Name of Contributor Jamie Hershey					Registration Number, if PAC		
Street Address 873 Cinnamon Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Allen	State T X	Zip Code 75013	M 0	D 8	Y 2 4 1 5	Amount 100.00	
Full Name of Contributor Brian Borkowski					Registration Number, if PAC		
Street Address 38 W. First St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grandview Heights	State O H	Zip Code 43212	M 0	D 8	Y 2 5 1 5	Amount 185.00	
Full Name of Contributor Nathan Groff					Registration Number, if PAC		
Street Address 821 Rio Lindo Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Jacksonville	State F L	Zip Code 32207	M 0	D 8	Y 2 5 1 5	Amount 90.00	
Full Name of Contributor David Bentley					Registration Number, if PAC		
Street Address 1408 W. Second Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grandview Heights	State O H	Zip Code 43212	M 0	D 8	Y 3 1 1 5	Amount 60.00	

* 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)]