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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committe		randizioni Usiahte							
	Longbrake, Lynaugh for G	randview rieigne	·	Tonniete	ation No.	anhan if (DAC		
	Tull Name of Contributor David Langdon			Registr	Registration Number, if PAC				
Street Address	Languon	Employer/Occi	nation/Labor Organization	<u>.</u>			Isom (Cach, C	hack sto \	
				11-			Form (Cash, Check, etc.)		
City	incinnati-Dayton Rd.	C****	Zip Code	1 14		I v	Check		
West C	hastar	State O H	45069	M	1 0	Y 1 : =	Amount	242.45	
Full Name of Cont		UH	43009				1	242.43	
Mark K				. Registi	ation Nui	mber, if I	PAC		
Street Address	deller	Employer/Occu	pation/Labor Organization	. —			Form (Cash, C	hadi ata Y	
	Aizzen Ct.	Employer/ Occu	pation caudi Organization	Ц				neuk, etc.)	
City	rizzen Ct.	State	Zip Code	Тм	0	ΙΥ	Check Amount		
Cornel	ine	N C	28031	I	1 2		AMOUNT	193.90	
Full Name of Cont		IN C	20031			mber, if f	<u> </u>	193.90	
	Wunderlich			registi	a tion nu	moer, ir i	AC		
Street Address	vvuitderfich	If molecuse (Occur	parion // abor Organization				Iram (Cash C	haali asa S	
4530 El	dar Ct	Linpoyer/occu	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	dei Ct.	State	Zip Code	I м		 Г ү	Check		
Hilliard	ı	l	43026	0 8	1:0	1 5	Amount	23.97	
Full Name of Cont	·	ОН	43020					23.97	
Grant I	****			registi	ation iste	mber, if i	AC		
Street Address	Jougias	Employer/Occu	nation/Labor Organization	, 			Icom (Coch C	hack atc \	
	lin Ave.	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	IIII Ave.	State	Zip Code	М	D	ΙΥ	Check Amount		
	riew Heights	OH	43212		2 2		MINORIL	96.80	
Full Name of Cont		10:11	10212			mber, if F	AC.	90.00	
Jamie F				vealette	acion ivui	incer, ir r	AC		
Street Address	icisiicy	Employer/Occu	pation/Labor Organization	,-			Form (Cash, Ci	hack atc.)	
	namon Ct.	ichipioyen occu	pation Labor Organization	•			Check	HECK, ELC.)	
City	manion Ct.	State	Zip Code	М	D	ΙΥ	Amount		
Allen		T X	75013	0 8	•	1 '	Amount	100.00	
Full Name of Cont	ributor	1 1 1 1	75015			nber, if P	DAC	100.00	
	orkowski			Negistre	200111101	11001, 11 1	AC		
Street Address	OTROWSKI	Employer/Occupation/Labor Organization*)*		-	Form (Cash, Cl	heck etc)	
38 W. F	irct St	Employer/ occupation capor organization		•				Check	
City	1131 51.	State	Zip Code	М	D	Y	Amount		
_	riew Heights	O H	43212		2 5		- Allwan	185.00	
Full Name of Cont		[0 ; 11	10212			nber, if F	PAC	105.00	
Nathan				, and the second		11007, 117	<i>,</i>		
Street Address	<u></u>	Employer/Occu	pation/Labor Organization	<u>, </u>			Form (Cash, Cl	heck, etc.)	
	Lindo Dr.	Company Consultation		•			Check	,	
City	Lindo Di.	State	Zip Code	Тм	D	ΙΥ	Amount		
Jackson	ville	FIL	32207		2 5			90.00	
Full Name of Cont		1 : 6	02207			nber, if P	PAC	70.00	
David I						•			
Street Address	- J	Employer/Occur	pation/Labor Organization	n*			Form (Cash, Cl	neck, etc.)	
i	Second Ave						Check		
City		State	Zip Code	М	D	Y	Amount		
-	riew Heights	ОІН	43212	018	3 1	1 5		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)]

Page Total \$992.12