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Statement of Contributions Received

| Page | |
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Prescribed by Secretary of State 03/05

| Name of Committee in Full Committee for Grandview Heights | Schools | | | | |
|---|---------------|---|---|-----------------------------------|--|
| Full Name of Contributor | | ···· | Registration Number, if | PAC | |
| Steve Hall | | | | | |
| Street Address 1185 W. First Ave. | Employer Occa | pation/Labor Organization | | Form (Cash, Check, etc.) Check | |
| City Grandview Heights | State OH | Zip Code 43212 | M D Y 0 8 2 4 1 4 | Amount \$20.00 | |
| Full Name of Contributor | | | Registration Number, if | PAC | |
| Nicole Wainscott | | | regionalist range, p | | |
| Street Address | Employer/Occa | pation/Labor Organization | | Form (Cash, Check, etc.) | |
| 307 Baker Lake Drive | | | | Check | |
| City | State | Zip Code | M D Y | Amount | |
| Westerville | OH | 43081 | 082414 | \$25.00 | |
| Full Name of Contributor Victoria Dunlevy | | | Registration Number, if | PAC | |
| Street Address | Employer/Occu | pation/Labor Organization | | Form (Cash. Check, etc.) | |
| 4628 Cutwater Lane | | F-440 240 0 1g-420 | | Check | |
| City Hilliard | Stade OH | Zip Code 43026 | 0 8 2 8 1 4 | Amount \$25.00 | |
| Full Name of Contributor | On | 70020 | | , | |
| Stephanie Brett | | | Registration Number, if | PAC | |
| Street Address | Employer/Occ | pation/Labor Organization | | Form (Cash, Check, etc.) | |
| 1315 Cambridge Blvd. | Lampioyarcca | spanion/Labor Organization | | Check | |
| City | State | Zip Code | M D Y O 9 9 3 1 4 | Amount | |
| Marble Cliff | ОН | 43212 | | \$100.00 | |
| Full Name of Contributor Timothy Galvin | | | Registration Number, if | PAC | |
| Street Address | Employer/Oran | pation/Labor Organization | | Form (Cash, Check, etc.) | |
| 1314 Wyandotte Road | Impioya/Occi | spanier caron Organization | | Check | |
| City | State | Zip Code | M D Y | Amount | |
| Grandview Heights | OH | 43212 | 0 9 0 8 1 4 | \$100.00 | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| Stephen Papineau | | | | | |
| Street Address 1179 Northwest Blvd | Employer/Occu | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Check | |
| City | State | Zip Code | I M I D I M | | |
| Grandview Heights | OH | 43212 | M D Y 1 | \$100.00 | |
| Full Name of Contributor | | • | Registration Number, if | PAC | |
| Pamela Patterson | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization | | Form (Cash, Check, etc.) | |
| 1165 W. First Avenue | | | | Check | |
| City Grandview Heights | Stade OH | Zip Code 43212 | M D Y D Y D D D D D D D D D D D D D D D | Amount \$300.00 | |
| Full Name of Contributor Robert Baeslack | . , | · · · · · · · · · · · · · · · · · · · | Registration Number, if | PAC | |
| Street Address | In | | | Form (Cash, Check, etc.) | |
| 4840 Pleasant Creek Court | Employer/Occu | pation/Labor Organization | | Check | |
| City | State | Zip Code | M D Yi | Amount | |
| Powell | OH | 43065 | 0 9 1 1 1 4 | \$100.00 | |

Page Total \$770.00

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 also appear. [R.C. 3517.10(B)(4)]