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## **Statement of Contributions Received**

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Page		

Prescribed by Secretary of State 03/05

Name of Committee in Full Evans for Grandview Schools						
Full Name of Contributor			Registra	tion Num	ber, if P.	AC
Steve Reynolds						
Street Address	Employer/Occu	pation/Labor Organization		_		Form (Cash, Check. etc.)
1170 Virginia Ave.						Check
City Grandview Heights	State OH	Zip Code 43212	1 0	D <sub>1</sub>	1 3	Amount \$25.00
Full Name of Contributor		<del>- '</del>	Registra	tion Num	ber, if P	AC
Patricia Evans						
Street Address	Employer/Occu	pation/Labor Organization		•		Form (Cash, Check, etc.)
6633 State Route 159						check
City	State	Zip Code	M	D	Y	Amount
Chillicothe	OH	45601	1 P	2 5	1 3	\$100.00
Full Name of Contributor Deborah Brannan	Registration Number, if PAC					
Street Address	Employer Occu	pation/Labor Organization				Form (Cash, Check, etc.)
987 Grandview Ave.						Check
City	State	Zip Code	M	D	[Ϋ́]	Amount
Grandview Heights	ОН	43212	1 0	2 5	1 3	\$100.00
Full Name of Contributor		···	Registra	tion Num	ber, if Pa	AC
Kathy Lithgow						<u>.</u>
Street Address	Employer, Occu	pation/Labor Organization				Form (Cash, Check, etc.)
1226 Parkway Dr.		<b>1</b>				check
City	State	Zip Code 43212	1 1	1 2	1 3	Amount
Grandview Heights	OH	43212	1 1	1	! !	\$50.00
Full Name of Contributor			Registra	ition Num	ber, if P	AC
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)
		<u> </u>				
City	State	Zip Code	1 14	D	١	Amount
	OH					
Full Name of Contributor			Registra	ition Num	ber, if P	AC
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)
- -						
City	State	Zip Code	7.6	D	Y	Amount
	OH					
Full Name of Contributor			Registra	ition Num	ber, if Pa	AC
Street Address	Employer/Occu	pation/Labor Organization"	<u> </u>	-		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
	OH					
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registra	ition Num	ber, if P	AC
Street Address Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)
						1
City	State	Zip Code	M	D	١į	Amount
	OH					

Page Total \$275.00

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)]