Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full							
DeGraw for Mayo	2<						
De Graw for Mayor Ill Name of Contributor First Grandview Company Ltd treet Address L221 Grandview Ave State Zip Code OH 43212			Registrati	Registration Number, if PAC			
First Grandview Compa	ny Ctd					E (C C 1)	
Street Address	Employer/Occup	nation/Labor Organization				Form (Cash, Check, etc.)	
1221 Grandview Ave		The same		<u> </u>		check Amount 200	
City	State	Zip Code	M	Jo	, ,	Amount	
Columbias	<u> </u>	43212		1 3			
Full Name of Contributor			Registrati	on Num	er, ii ra	ic .	
					Form (Cash, Check, etc.)		
Street Address	Employer/Occup			Total (Casil, Circox, GC.)			
	State	Zip Code	м	D.	Y,	Amount	
City	State	Zip Code			7	, moun	
E.II Mana of Contributor			Registrati	on Num	ber. if P/	AC .	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
Employer/Occupations.abor Organization						1	
City	State	Zip Code	M	D,	Y	Amount	
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Full Name of Contributor			Registrati	on Num	ber, if Pa	AC	
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M,	D	Y	Amount	
Full Name of Contributor			Registrat	ion Num	ber, if P.	AC	
						Form (Cash, Check, etc.)	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization					
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City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor			Registrat	ion Num	iber, if P	AC	
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	- C	Zip Code		D.	Y,	Amount	
City	State	Zip Code	"			, and an	
			l Registra	tion Num	her if f	AC	
Full Name of Contributor					,		
Street Address	Employer/Occu	enational above Organization*				Form (Cash, Check, etc.)	
reet Address Employer/Occupation/Labor Organization*							
City	State	Zip Code	М	D,	Y	Amount	
City							
Full Name of Contributor Registration Num					ber, if I	PAC	
I di rane di Condidito							
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
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^{*}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)]