



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Committee For Grandview Heights Schools				
Full Name of Contributor Robert Brown			Registration Number, if PAC	
Street Address 5690 Ellis Brook Drive	Employer/Occupation/Labor Organization* GHCSD/Principal		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 08/02/2018	Amount 100.00
Full Name of Contributor Beth Collier			Registration Number, if PAC	
Street Address 1287 Oakland Ave	Employer/Occupation/Labor Organization* GHCSD/Treasurer		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 08/06/2018	Amount 130.00
Full Name of Contributor Andy Culp			Registration Number, if PAC	
Street Address 2077 Pinebrook	Employer/Occupation/Labor Organization* GHCSD/Superintendent		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/06/2018	Amount 160.00
Full Name of Contributor Michael Curtin			Registration Number, if PAC	
Street Address 1370 Cambridge Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 08/14/2018	Amount 500.00
Full Name of Contributor Debbie Brannan			Registration Number, if PAC	
Street Address 987 Grandview Avenue	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 08/16/2018	Amount 100.00

\*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)]

Page Total 990.00