



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee for Grandview Heights Schools				
Full Name of Contributor Molly Wassmuth			Registration Number, if PAC	
Street Address 1358 B Bluff Avenue	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/29/2018	Amount \$50.00
Full Name of Contributor Michelle Leach			Registration Number, if PAC	
Street Address 1449 Arlington	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/31/2018	Amount \$200.00
Full Name of Contributor Beth Collier			Registration Number, if PAC	
Street Address 1287 Oakland Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 11/02/2018	Amount \$100.00
Full Name of Contributor Anonymous			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash	
City	State OH	Zip Code	Date (MM/DD/YYYY) 11/02/2018	Amount \$20.00
Full Name of Contributor GHEA			Registration Number, if PAC	
Street Address 1587 W Third Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 11/05/2018	Amount 150.00

*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 \$520.00