Page	1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
i e	anderious Haiahta							
Keeler, Longbrake, Lynaugh for Grandview Heights ut Name of Contributor				Registration Number, if PAC				
Deborah Longbrake								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
1255 Curce Rd.	1 ' -	1				Check		
Gty	State	Zip Code	М	D	Y	Amount		
Delaware	ОН	43015	1 0	0 9	1 5		200.00	
					Registration Number, if PAC			
Kevin Murphy					_			
Street Address	Employer/Occu				Form (Cash, Check, etc.)			
2304 Loyola Rd.						Check		
City	State	Zip Code	М	D	Y.	Amount		
Cleveland	O H	44118		1 5		<u> </u>	96.80	
Full Name of Contributor			Registr	ation Nu	mber, if I	PAC		
Bob Tenenbaum						In the state of		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
4909 Stonehaven Dr.		Ter. 6 1	1	T ~	ΤΥ	Check Amount		
City	State	Zip Code	M	D		1	01.00	
Columbus Full Name of Contributor	OH	43220			1 5 mber, if f		91.80	
			Kegisti	2001110	iniba, ii i	- 10		
Melissa Huffman Street Address	Employer/Occi	nation/Lahor Organization*	Ь			Form (Cash, Ch	eck. etc.)	
	Employer/Occupation/Labor Organization*					Check		
4065 Meath Ct.	State	Zip Code	Тм	D	Y	Amount		
Dublin	O H	43016	1110	2 2	1 ! 5]	97.25	
Full Name of Contributor		1			mber, if f	PAC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			_	Form (Cash, Ch	eck, etc.)	
City	State	Zip Code	М	Ð	Y	Amount		
Full Name of Contributor			Registr	ation Nu	mber, if I	PAC		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)	
	<u></u>				1			
City	State	Zip Code	M.	P	Y	Amount		
			Dariet	1		DAC		
Full Name of Contributor			Kegisu	auon nu	mber, if	PAC		
Chant Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Ch	eck. etc.)	
Street Address	Zinpioyer/occi	pation (abor organization				· · · · · · · · · · · · · · · · · · ·	ica, cta,	
City	State	Zip Code	М	Ð	ΙΥ	Amount	 -	
ady	1							
Full Name of Contributor		<u> </u>	Registr	ation Nu	mber, if I	PAC		
			1					
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1								
City	State	Zip Code	М	D	Y	Amount		
					1			

* 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 appear. [R.C. 3517.10(8)(4)]

Page Total \$ 485.85