Page <u>3</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	7.0							
Reynoldsburg Area Democrats	PAC							
Full Name of Contributor				Registration Number, if PAC				
Licking County Democratic Par	rty Funds Central	Committee						
Street Address	Employer/Occi	pation/Labor Organization	n*		-	Form (Cash, Check, etc.)		
PO Box 4883						Check		
City	State	Zip Code	M	D	Y	Amount		
Newark	O H	43058	[1]1	1013	1 7	900.00		
Full Name of Contributor			Registr	ation Num				
Tina Maharath			į,					
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)		
6608 Mountain Ash Dr						Credit Card		
City	State	Zip Code	М	D	Y	Amount		
Canal Winchester	O H	_	ł	0 7	1	100.00		
Full Name of Contributor		43110		ation Num				
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Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
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City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor			Registra	ation Num	ber, if PA	.C		
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor			Registra	ation Num	ber, if PA	.c		
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
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Full Name of Contributor			Pagistm	ation Num	har if DA			
run Name of Controllor			Registr	ition Mun	oei, ii i z			
	IF. II. /O					Form (Cash, Check, etc.)		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
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City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor			Registra	ation Num	ber, if PA	.C		
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
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Full Name of Contributor			Registra	ation Num	ber, if PA	C		
			i					
Street Address	Employer/Occii	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
		,						
City	State	Zip Code	T M	D	Y	Amount		
City City	State	Sip Code	""	Ĩ				
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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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	1,000.00