

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Reynoldsburg Area Democrats PAC									
Full Name of Contributor Licking County Democratic Party Funds Central Committee						Registration Number, if PAC			
Street Address PO Box 4883			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Newark	State O	H	Zip Code 43058	M 1	D 1	Y 0	Amount 900.00		
Full Name of Contributor Tina Maharath						Registration Number, if PAC			
Street Address 6608 Mountain Ash Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Canal Winchester	State O	H	Zip Code 43110	M 1	D 1	Y 0	Amount 100.00		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount		
Full Name of Contributor						Registration Number, if PAC			
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City	State		Zip Code	M	D	Y	Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount		

* 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