

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Reynoldsburg Area Democrats PAC</b>									
Full Name of Contributor <b>Julie Mulroy</b>						Registration Number, if PAC			
Street Address <b>5 Sheppard Place</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Granville</b>	State <b>O H</b>	Zip Code <b>43203</b>	M <b>0</b>	D <b>8</b>	Y <b>2 7 1 7</b>	Amount <b>10.00</b>			
Full Name of Contributor <b>Josh Albertson</b>						Registration Number, if PAC			
Street Address <b>106 S 35th St</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Newark</b>	State <b>O H</b>	Zip Code <b>43055</b>	M <b>0</b>	D <b>8</b>	Y <b>2 7 1 7</b>	Amount <b>10.00</b>			
Full Name of Contributor <b>Ed Albertson</b>						Registration Number, if PAC			
Street Address <b>7700 Ballon Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Heath</b>	State <b>O H</b>	Zip Code <b>43056</b>	M <b>0</b>	D <b>8</b>	Y <b>2 7 1 7</b>	Amount <b>10.00</b>			
Full Name of Contributor <b>Mike Schadek</b>						Registration Number, if PAC			
Street Address <b>1537 Guilford Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>9</b>	Y <b>2 8 1 7</b>	Amount <b>50.00</b>			
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			
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 \$ 80.00