

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENDS OF REYNOLDSBURG SCHOOLS</b>									
Full Name of Contributor <b>ANGELA TUCKER</b>						Registration Number, if PAC			
Street Address <b>935 MAHLE DR</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CREDIT CARD</b>		
City <b>REYNOLDSBURG</b>		State <b>OH</b>	Zip Code <b>43068</b>		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Y <b>0</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>JAMES WISE</b>						Registration Number, if PAC			
Street Address <b>7024 PRIOR PLACE</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CREDIT CARD</b>		
City <b>REYNOLDSBURG</b>		State <b>OH</b>	Zip Code <b>43068</b>		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Y <b>2</b>	Amount <b>\$75.00</b>
Full Name of Contributor <b>ANGIE DELANCEY</b>						Registration Number, if PAC			
Street Address <b>634 KELTONCREST DR</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CREDIT CARD</b>		
City <b>REYNOLDSBURG</b>		State <b>OH</b>	Zip Code <b>43068</b>		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Y <b>2</b>	Amount <b>\$10.00</b>
Full Name of Contributor <b>MOODY NOLAN, INC</b>						Registration Number, if PAC			
Street Address <b>300 SPRUCE ST</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43215</b>		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Y <b>2</b>	Amount <b>\$5,000.00</b>
Full Name of Contributor <b>GRANDMA'S PIZZA</b>						Registration Number, if PAC			
Street Address <b>7117 E MAIN ST</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>REYNOLDSBURG</b>		State <b>OH</b>	Zip Code <b>43068</b>		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Y <b>2</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>TARA O'NEAL</b>						Registration Number, if PAC			
Street Address <b>1651 SHIVELY RD</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>REYNOLDSBURG</b>		State <b>OH</b>	Zip Code <b>43068</b>		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Y <b>2</b>	Amount <b>\$30.00</b>
Full Name of Contributor <b>REYNOLDSBURG CHIROPRACTIC CENTER</b>						Registration Number, if PAC			
Street Address <b>7323 EAST MAIN ST</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>REYNOLDSBURG</b>		State <b>OH</b>	Zip Code <b>43068</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Y <b>3</b>	Amount <b>\$75.00</b>
Full Name of Contributor <b>NATALIE MOORE</b>						Registration Number, if PAC			
Street Address <b>999 BOWEN RD</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>CANAL WINCHESTER</b>		State <b>OH</b>	Zip Code <b>43110</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Y <b>3</b>	Amount <b>\$10.00</b>

\* 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)]