31-A R.C. 3517.10

FOR PAPER FILING ONLY Statement of Contributions Received

	1
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF REYNOLDSBURG SCHOOLS						
FRIEINDS OF REYNOLDSBURG SCHOOLS [Full Name of Contributor Registration Number, if PAC						
INDIVIDUAL STAFF OF REYNOLDSBURG CIT	Y SCHOOLS -l	LIST ATTACHED	-			
Street Address VARIOUS	Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECKS & CASH		
City REYNOLDSBURG	State OH	Zip Code 43068	M D Y 0 1 2 9 1 0	Amount \$13,045.00		
Full Name of Contributor Registration Number, if PAC BARBARA BOONE						
Street Address 197 CANTERBERRY LANE	Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CREDIT CARD		
City REYNOLDSBURG	State	Zip Code 43068	0 3 2 4 1 0	Amount \$100.00		
Full Name of Contributor STEPHANIE MCCLOUD				AC		
Street Address 912 ROSEHILL RD	Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CREDIT CARD		
City REYNOLDSBURG	State OH	Zip Code 43068	0 3 3 0 1 0	Amount \$400.00		
Full Name of Contributor Registration Number STEVE AND SUSAN DACKIN				PAC		
Street Address 8733 TAYLOR WOODS DR	Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CREDIT CARD		
City REYNOLDSBURG	State OH	Zip Code 43068	M D Y O 3 2 4 1 0	Amount \$100.00		
Full Name of Contributor Registration Number, if PAC VARIOUS INDIVIDUALS - T-SHIRT SALES - UNDER \$25 EACH						
Street Address VARIOUS	Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CASH		
City REYNOLDSBURG	State OH	Zip Code 43068	0 3 3 1 1 0	Amount \$707.50		
Full Name of Contributor Registr KMS GROUP				AC		
Street Address 338 HARBOR VIEW HEIGHTS	Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City THORNVILLE	State OH	Zip Code 43076	0 3 1 2 1 0	Amount \$100.00		
Full Name of Contributor Registration Nur SECURITY VOICE, INC.				PAC		
Street Address 3496 SNOUFFER RD	Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43235	M D Y 0 3 1 8 1 0	Amount \$1,250.00		
Full Name of Contributor Registration Number, if PAC REYNOLDSBURG EDUCATION ASSN.						
Street Address P O BOX 884	Employer/Occupation/Labor Organization* LABOR ORGANIZATION			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State OH	Zip Code 43068	M D Y 1 0 1 0	Amount \$4,800.00		

Page Total \$20502.50

^{*} 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)]