

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF REYNOLDSBURG SCHOOLS									
Full Name of Contributor INDIVIDUAL STAFF OF REYNOLDSBURG CITY SCHOOLS -LIST ATTACHED							Registration Number, if PAC		
Street Address VARIOUS				Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECKS & CASH	
City REYNOLDSBURG		State OH		Zip Code 43068		M 0		D 1	
						Y 2		Amount \$13,045.00	
Full Name of Contributor WEBSITE CONTRIBUTIONS - INDIVIDUALS - \$25 AND UNDER							Registration Number, if PAC		
Street Address 7244 EAST MAIN STREET				Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CREDIT CARD	
City REYNOLDSBURG		State OH		Zip Code 43068		M 0		D 3	
						Y 2		Amount \$460.00	
Full Name of Contributor STEPHANIE MCCLOUD							Registration Number, if PAC		
Street Address 912 ROSEHILL RD				Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CREDIT CARD	
City REYNOLDSBURG		State OH		Zip Code 43068		M 0		D 3	
						Y 0		Amount \$400.00	
Full Name of Contributor STEVE AND SUSAN DACKIN							Registration Number, if 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 0		D 3	
						Y 2		Amount \$100.00	
Full Name of Contributor VARIOUS INDIVIDUALS - UNDER \$25 EACH							Registration Number, if PAC		
Street Address VARIOUS				Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CASH/CHECK	
City REYNOLDSBURG		State OH		Zip Code 43068		M 0		D 3	
						Y 3		Amount \$707.50	
Full Name of Contributor KMS GROUP							Registration Number, if PAC		
Street Address 338 HARBOR VIEW HEIGHTS				Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK	
City THORNVILLE		State OH		Zip Code 43076		M 0		D 3	
						Y 1		Amount \$100.00	
Full Name of Contributor SECURITY VOICE, INC.							Registration Number, if PAC		
Street Address 3496 SNOUFFER RD				Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH		Zip Code 43235		M 0		D 3	
						Y 1		Amount \$1,250.00	
Full Name of Contributor REYNOLDSBURG EDUCATION ASSN.							Registration Number, if PAC		
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 0		D 3	
						Y 2		Amount \$4,800.00	

* 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)]