

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Reynoldsburg Republican Club									
Full Name of Contributor Penny Bayse							Registration Number, if PAC		
Street Address 8765 Linick Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 4	
						Y 2		Amount \$100.00	
Full Name of Contributor Carolyn & Dale Egner							Registration Number, if PAC		
Street Address 7890 Harvestmoon Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 4	
						Y 1		Amount \$100.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor Steve Cicak							Registration Number, if PAC		
Street Address 6866 Roundelay Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 4	
						Y 1		Amount \$400.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		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 OH		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 OH		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 OH		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 also appear. [R.C. 3517.10(B)(4)]