## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full REYNOLDSBURG AREA DEMOCRATS P.	AC						
Full Name of Contributor			Registra	ition Nun	nber, if P/	AC .	
PRISCILLA ROBERGE							
Street Address 372 CUMBERLAND DR	Employer/Occupati	ion/Labor Organization* ON				Form (Cash, Check, etc.) CHECK	
City WHITEHALL	State OH	Zip Code 43215	0 7	D 3 О	Y 1 6	Amount \$35.00	
Full Name of Contributor  JAMES & CHRISTINE SMITH	<del></del>	Registration Number, if PAC					
Street Address	T		<u> </u>			F (0 1 6 1	
8334 PRIESTLEY DR	Employer/Occupation/Labor Organization OCCUPATION					Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State OH	Zip Code 43068	0 <sup>M</sup> 7	3 0	1 6	Amount \$25.00	
Full Name of Contributor JEMMIFER & WILLIAM QUESENBERRY		Registration Number, if PAC					
Street Address 949 LANCASTER AVE	Employer/Occupati	on/Labor Organization* ON		.,,		Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State OH	Zip Code 43068	0 7	3 0	1 6	Amount \$40.00	
Full Name of Contributor  VARIOUS DONORS, UNDER \$25 CORN ROAST FUNDRAISER  Registration Number, if PAC							
Street Address		on/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
	OCCUPATION	NC	T.2	1 -2"	1 72	CASH	
City REYNOLDSBURG	State OH	Zip Code 43068	0 7	3 0 D	1 6	Amount \$340.00	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State OH	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registrat				ation Number, if PAC			
Street Address	Employer/Occupati	on/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
City		Zip Code	M	D	Y	Amount	
E NN GG - T	ОН		IDtree	A Nu-	l CDA		
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupati	on/Labor Organization*	-			Form (Cash, Check, etc.)	
City	State OH	Zip Code	М	D	Y	Amount	
Il Name of Contributor Registration Number, if P					ber, if PA	C	
Street Address	Employer/Occupati	on/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
	C.	7: 61	1 12	I IN	Y	Amount	
City	State OH	Zip Code	M	D	1	Amount	

Page Total \$440.00

<sup>\*</sup> 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)]