

**Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>REYNOLDSBURG AREA DEMOCRATS PAC</b>									
Full Name of Contributor <b>PRISCILLA ROBERGE</b>						Registration Number, if PAC			
Street Address <b>372 CUMBERLAND DR</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>WHITEHALL</b>		State <b>OH</b>		Zip Code <b>43215</b>		M <b>0</b>	D <b>7</b>	Y <b>3</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>JAMES &amp; CHRISTINE SMITH</b>						Registration Number, if PAC			
Street Address <b>8334 PRIESTLEY DR</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>7</b>	Y <b>3</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>JEMMIFER &amp; WILLIAM QUESENBERY</b>						Registration Number, if PAC			
Street Address <b>949 LANCASTER AVE</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>7</b>	Y <b>3</b>	Amount <b>\$40.00</b>
Full Name of Contributor <b>VARIOUS DONORS, UNDER \$25 CORN ROAST FUNDRAISER</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CASH</b>		
City <b>REYNOLDSBURG</b>		State <b>OH</b>		Zip Code <b>43068</b>		M <b>0</b>	D <b>7</b>	Y <b>3</b>	Amount <b>\$340.00</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>		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 <b>OH</b>		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 <b>OH</b>		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 <b>OH</b>		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)]