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R.	C.	351	7.	10

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Reynoldsburg Republican Club						
Full Name of Contributor			Registration Number, if PAC			С
Penny Basye						
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
8785 Linick Drive	Wells Fargo					Check
City		Zip Code	М	D	Y	Amount
Reynoldsburg	O : H	43068	1 2	2 8	1 0	20.00
Full Name of Contributor	0,	15000			ber, if PA	
Lucinda Balach						
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
	Franklin County					
8109 Priestley Drive			1 14		1 17	Check
City		Zip Code	M	D	Y	Amount
Reynoldsburg	$O \mid H$	43068	1 2	2.8		30.00
Full Name of Contributor			Registrat	tion Numi	ber, if PA	С
Sandra Long						
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
1675 Haft Drive	Evaluations, Inc.					Check
City		Zip Code	М	D	Y	Amount
<u>Reynoldsburg</u>	O : H	43068	1 2	2 8	1.0	20.00
Full Name of Contributor			Registrat	tion Num	ber, if РА	Ċ
			i			
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	l l	.,				
Full Name of Contributor	ļ.		Registrat	ion Numi	ber, if PA	
Tun Name of Controller			regiona.	JOH HILLI	oci, ii i i i	
Street Address	Employar/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
Succi Addicas	Employen/Occupa	alou Labor Organization				Torin (Cash, Check, Cic.)
0.	E+-+-	Z:- C-1-	1 14	D	Y	A4
City	State	Zip Code	M	"	l '	Amount
	Þ	<u></u>	<u> </u>	<u> </u>		
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
						<u> </u>
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registrat	tion Num	ber, if PA	C
Street Address	Employer/Occupa	tion/Labor Organization*	•			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	1					
Full Name of Contributor Registration Number, if PAC						
					,	
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
9.000. 1.000.000	р.о, слоссара	and the contraction				(Guoti, Giren, etc.)
City	State	Zip Code	М	D	ΙΥ	Amount
City	State	Sip Code	141	'	'	a Mickelli
	i	l	1	l		

Page Total \$	70.00

<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 appear. [R.C. 3517.10(B)(4)]