

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENDS OF REYNOLDSBURG SCHOOLS</b>														
Full Name of Contributor <b>INDIVIDUAL STAFF OF REYNOLDSBURG CITY SCHOOLS -LIST ATTACHED</b>							Registration Number, if PAC							
Street Address <b>VARIOUS</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CHECKS &amp; CASH</b>							
City <b>REYNOLDSBURG</b>			State <b>OH</b>		Zip Code <b>43068</b>		M <b>0</b>		D <b>1</b>	Y <b>2</b>	<b>9</b>	<b>1</b>	<b>0</b>	Amount <b>\$13,045.00</b>
Full Name of Contributor <b>WEBSITE CONTRIBUTIONS - INDIVIDUALS - \$25 AND UNDER</b>							Registration Number, if PAC							
Street Address <b>7244 EAST MAIN STREET</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CREDIT CARD</b>							
City <b>REYNOLDSBURG</b>			State <b>OH</b>		Zip Code <b>43068</b>		M <b>0</b>		D <b>3</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>0</b>	Amount <b>\$460.00</b>
Full Name of Contributor <b>STEPHANIE MCCLOUD</b>							Registration Number, if PAC							
Street Address <b>912 ROSEHILL RD</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CREDIT CARD</b>							
City <b>REYNOLDSBURG</b>			State <b>OH</b>		Zip Code <b>43068</b>		M <b>0</b>		D <b>3</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>0</b>	Amount <b>\$400.00</b>
Full Name of Contributor <b>STEVE AND SUSAN DACKIN</b>							Registration Number, if PAC							
Street Address <b>8733 TAYLOR WOODS DR</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CREDIT CARD</b>							
City <b>REYNOLDSBURG</b>			State <b>OH</b>		Zip Code <b>43068</b>		M <b>0</b>		D <b>3</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>VARIOUS INDIVIDUALS - UNDER \$25 EACH</b>							Registration Number, if PAC							
Street Address <b>VARIOUS</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CASH/CHECK</b>							
City <b>REYNOLDSBURG</b>			State <b>OH</b>		Zip Code <b>43068</b>		M <b>0</b>		D <b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	Amount <b>\$707.50</b>
Full Name of Contributor <b>KMS GROUP</b>							Registration Number, if PAC							
Street Address <b>338 HARBOR VIEW HEIGHTS</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CHECK</b>							
City <b>THORNVILLE</b>			State <b>OH</b>		Zip Code <b>43076</b>		M <b>0</b>		D <b>3</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>SECURITY VOICE, INC.</b>							Registration Number, if PAC							
Street Address <b>3496 SNOUFFER RD</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CHECK</b>							
City <b>COLUMBUS</b>			State <b>OH</b>		Zip Code <b>43235</b>		M <b>0</b>		D <b>3</b>	<b>1</b>	<b>8</b>	<b>1</b>	<b>0</b>	Amount <b>\$1,250.00</b>
Full Name of Contributor <b>REYNOLDSBURG EDUCATION ASSN.</b>							Registration Number, if PAC							
Street Address <b>P O BOX 884</b>			Employer/Occupation/Labor Organization* <b>LABOR ORGANIZATION</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>3</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>0</b>	Amount <b>\$4,800.00</b>

\* 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)]