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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		
Sandra Long					
Street Address	Employer/Occupa	tion/Labor Organization*	* *************************************	Form (Cash, Check, etc.)	
1675 Haft Dr.				Paypal	
City	State	Zip Code	M D Y	Amount	
Reynoldsburg	ОН	43068	0 7 1 8 1 7	40.00	
Full Name of Contributor			Registration Number, if PAC		
Contributors or \$25 or less	- I- i- i-				
Street Address	Employer/Occupa	tion/Labor Organization*		Form (Cash, Check, etc.) Paypal	
City	State	Zip Code	M D Y	Amount	
ļ ·	1	1	0 7 2 4 1 7	5.00	
Full Name of Contributor	·		Registration Number, if PAC	3.00	
Dan Skinner					
Street Address	Employer/Occupa	tion/Labor Organization*		Form (Cash, Check, etc.)	
6420 E. Main St., #202				check	
City	State	Zip Code	M D Y	Amount	
Reynoldsburg	OH	43068	0 8 3 0 1 7	50.00	
Full Name of Contributor			Registration Number, if PAC		
Contributors of \$25 or less					
Street Address	Employer/Occupa	tion/Labor Organization*		Form (Cash, Check, etc.)	
				cash	
City	State	Zip Code	M D Y	Amount	
			0 8 3 0 1 7	20.00	
Full Name of Contributor			Registration Number, if PAC		
Betty Montgomery	F 1/0			Francisco (Cort. Cort. atr.)	
Street Address	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)	
1164 Dawn Dr.	State	Zip Code	M D Y	check Amount	
	O H	43068			
Reynoldsburg Full Name of Contributor	10 11	43000	0 9 2 1 1 7 Registration Number, if PAC	30.00	
registration (Contitue)					
Street Address	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)	
		, and the second			
City	State	Zip Code	M D Y	Amount	
	a a series				
Full Name of Contributor			Registration Number, if PAC	<u> </u>	
\					
Street Address	Employer/Occupa	ation/Labor Organization*	-	Form (Cash, Check, etc.)	
		1		ļ	
City	State	Zip Code	M D Y	Amount	
Full Name of Contributor			Registration Number, if PAC	<u></u>	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M D Y	Amount	
against the contributions from individuals or on \$100 to states and annual a	11 01 10		mation and the name of the		

* 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)]

Page Total\$	165.00