

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Preston Stearns for Reynoldsburg					
Full Name of Contributor Henry C. Evans			Registration Number, if PAC		
Street Address 6644 Feder Dr		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check	
City Galloway		State OH	Zip Code 43119	M 1 D 0 Y 1	Amount \$125.00
Full Name of Contributor Reynoldsburg Education Pac					
Street Address P O Box 884			Employer/Occupation/Labor Organization* Pac		Form (Cash, Check, etc.) Check
City Reynoldsburg		State OH	Zip Code 43068	M 1 D 0 Y 2	Amount \$25.00
Full Name of Contributor Citizens For Bishoff					
Street Address 545 E. Town St.			Employer/Occupation/Labor Organization* State Legislator		Form (Cash, Check, etc.) Check
City Columbus		State OH	Zip Code 43215	M 1 D 0 Y 2	Amount \$150.00
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization* Homemaker		Form (Cash, Check, etc.)
City		State OH	Zip Code 43068	M D Y 	Amount
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City		State OH	Zip Code	M D Y 	Amount
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City		State OH	Zip Code	M D Y 	Amount
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City		State OH	Zip Code 43062	M D Y 	Amount
Full Name of Contributor					
Street Address			Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.)
City		State OH	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)]

Page Total **\$300.00**