

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Reynoldsburg Educators PAC										
Full Name of Contributor Judith Helm							Registration Number, if PAC			
Street Address 6810 Shaulis Dr.			Employer/Occupation/Labor Organization Teacher				Form (Cash, Check, etc.) check			
City Reynoldsburg			State OH		Zip Code 43068		M 08	D 25	Y 17	Amount 25.00
Full Name of Contributor Linda Grist							Registration Number, if PAC			
Street Address 5750 Willowcreek Cir			Employer/Occupation/Labor Organization Teacher				Form (Cash, Check, etc.) check			
City Columbus			State OH		Zip Code 43213		M 08	D 25	Y 17	Amount 25.00
Full Name of Contributor Krista Seagraves							Registration Number, if PAC			
Street Address 5795 Stevens			Employer/Occupation/Labor Organization Teacher				Form (Cash, Check, etc.) check			
City Orient			State OH		Zip Code 43146		M 08	D 25	Y 17	Amount 10.00
Full Name of Contributor Susan Brown							Registration Number, if PAC			
Street Address 143 Stone Creek			Employer/Occupation/Labor Organization Teacher				Form (Cash, Check, etc.) check			
City Granville			State OH		Zip Code 43023		M 08	D 25	Y 17	Amount 10.00
Full Name of Contributor Chris Menhorn							Registration Number, if PAC			
Street Address 1334 W. 3rd Ave.			Employer/Occupation/Labor Organization Teacher				Form (Cash, Check, etc.) check			
City Columbus			State OH		Zip Code 43212		M 08	D 25	Y 17	Amount 25.00
Full Name of Contributor Mary Ann Patterson							Registration Number, if PAC			
Street Address 1821 Drugan Ct.			Employer/Occupation/Labor Organization Teacher				Form (Cash, Check, etc.) check			
City Reynoldsburg			State OH		Zip Code 43068		M 07	D 29	Y 17	Amount 25.00
Full Name of Contributor Lorraine A. Gaughenbaugh							Registration Number, if PAC			
Street Address 12930 Edgewood Ct.			Employer/Occupation/Labor Organization Teacher				Form (Cash, Check, etc.) check			
City Pickerington			State OH		Zip Code 43147		M 08	D 28	Y 17	Amount 40.00
Full Name of Contributor Lynne Khuding							Registration Number, if PAC			
Street Address 40 Victorian Way			Employer/Occupation/Labor Organization Teacher				Form (Cash, Check, etc.) check			
City Columbus			State OH		Zip Code 43215		M 08	D 25	Y 17	Amount 25.00

* 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)]