Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
WE ARE RAIDERS						Milled in Shine of the terms more than the con-		
full Name of Contributor			Registra	Registration Number, if PAC				
REYNOLDSBURG SUPPORT AS	SOCIATION					977.004 (800.000) minorina in a descriptura est		
Street Address	Employer/Occup	oation/Labor Organization*					Form (Cash, Check, etc.)	
8291 CAIRN COURT	LABOR	ORGANIZATION	J				CHECK	
City	State	Zip Code	М	D	Y	Amount		
REYNOLDSBURG	OH	43068	0 9	2 2	0 9		1,000.00	
Full Name of Contributor			Registra	ition Numl	ber, if PA	С		
REYNOLDSBURG EDUCATION	ASSOCIATION	J						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
P O BOX 884	LABOR	ABOR ASSOCIATION				CHECK		
City	State	Zip Code	M	D	Y	Amount		
REYNOLDSBURG	ОН	43068	1 0	0 7	0 9		1,500.00	
Full Name of Contributor				Registration Number, if PAC				
HUNTINGTON NATIONAL BA	NK							
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
P O BOX 1558	1 ' '	OCCUPATION				CHECK		
City	State	Zip Code	M			2.		
COLUMBUS	OH	43219		1 5	1		500.00	
Full Name of Contributor		TOLLY		ation Num			000.00	
8			Rogistie	ation ivani	001, 11 1 7 1	.0		
OTHER, UNDER \$100	Ir/0	tion// about Organization*				Form (Cach, C	hack etc.)	
Street Address	Employer/Occupation/Labor Organization* OCCUPATION					Form (Cash, Check, etc.)		
7244 MAIN STREET			1 1/	CHECK M D Y Amount				
City	State	Zip Code	i i			Amount	90.00	
REYNOLDSBURG	0 H	43068		0 7			80.00	
Full Name of Contributor			Registra	ation Num	ber, if PA	.C		
FUNDRAISER, ALL INDIVIDU								
Street Address		pation/Labor Organization*					Form (Cash, Check, etc.)	
7244 MAIN STREET		PATION				CHECKS		
City	State	Zip Code	М	D	Y	Amount	4 0 (0 0 0	
REYNOLDSBURG	O H	43068	occurrence personal management of the contract	1 5		A CONTRACTOR OF THE PARTY OF TH	1,960.00	
Full Name of Contributor			Registr	ation Num	iber, if PA	ıC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registr	ation Num	iber, if PA	AC .		
Street Address	Employer/Occu	pation/Labor Organization*	Assessing a resonance arrange			Form (Cash, C	Check, etc.)	
City	State	Zip Code	M	D	Y	Amount		
	***************************************		i	1				
Full Name of Contributor			Registr	ation Nur	ber, if PA	AC	enie moterin einstaan alianen en elianen elian	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
	' '	<u>.</u>						
City	State	Zip Code	M	D	Y	Amount		
8	1	1	1 :	1	1	8		

Page Total \$	5,040.00
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^{*} 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)]