

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>WE ARE RAIDERS</b>							
Full Name of Contributor <b>REYNOLDSBURG SUPPORT ASSOCIATION</b>						Registration Number, if PAC	
Street Address <b>8291 CAIRN COURT</b>			Employer/Occupation/Labor Organization* <b>LABOR ORGANIZATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>REYNOLDSBURG</b>			State <b>O   H</b>		Zip Code <b>43068</b>		Amount <b>1,000.00</b>
Full Name of Contributor <b>REYNOLDSBURG EDUCATION ASSOCIATION</b>						Registration Number, if PAC	
Street Address <b>P O BOX 884</b>			Employer/Occupation/Labor Organization* <b>LABOR ASSOCIATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>REYNOLDSBURG</b>			State <b>O   H</b>		Zip Code <b>43068</b>		Amount <b>1,500.00</b>
Full Name of Contributor <b>HUNTINGTON NATIONAL BANK</b>						Registration Number, if PAC	
Street Address <b>P O BOX 1558</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>			State <b>O   H</b>		Zip Code <b>43219</b>		Amount <b>500.00</b>
Full Name of Contributor <b>OTHER, UNDER \$100</b>						Registration Number, if PAC	
Street Address <b>7244 MAIN STREET</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>REYNOLDSBURG</b>			State <b>O   H</b>		Zip Code <b>43068</b>		Amount <b>80.00</b>
Full Name of Contributor <b>FUNDRAISER, ALL INDIVIDUALS UNDER \$100</b>						Registration Number, if PAC	
Street Address <b>7244 MAIN STREET</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECKS</b>	
City <b>REYNOLDSBURG</b>			State <b>O   H</b>		Zip Code <b>43068</b>		Amount <b>1,960.00</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code		Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code		Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code		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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 5,040.00