

AMENDED 2/23/12

31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR A BETTER REYNOLDSBURG							
Full Name of Contributor BRUSK AND BRUSK					Registration Number, if PAC		
Street Address 1861 CROSSWICK CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State O H	Zip Code 43068	M 1/0	D 2/7	Y 1/1	Amount 100.00	
Full Name of Contributor EASTMAN AND SMITH, LTD.					Registration Number, if PAC		
Street Address 100 EAST BROAD ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0/9	D 2/7	Y 1/1	Amount 400.00	
Full Name of Contributor FRATERNAL ORDER OF POLICE					Registration Number, if PAC		
Street Address 6800 SCHROCK HILL CT.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43229	M 1/0	D 1/1	Y 1/1	Amount 500.00	
Full Name of Contributor SQUIRE SANDEK AND DEMSEY					Registration Number, if PAC		
Street Address 2000 HUNTINGTON CENTER		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 1/0	D 2/1	Y 1/1	Amount 200.00	
Full Name of Contributor FIFTH THIRD BANKCORP					Registration Number, if PAC		
Street Address 550 EAST WALNUT ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 1/0	D 2/4	Y 1/1	Amount 500.00	
Full Name of Contributor MANNICK AND SMITH GROUP					Registration Number, if PAC		
Street Address 815 GRANDVIEW AV. ST. 400		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 1/0	D 2/6	Y 1/1	Amount 2500.00	
Full Name of Contributor DOWNES FISHER HASS KIM LLP					Registration Number, if PAC		
Street Address 400 S. FIFTH ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 1/0	D 0/5	Y 1/1	Amount 100.00	
Full Name of Contributor M-E COMPANIES INC.					Registration Number, if PAC		
Street Address 635 BROOKSIDE BLVD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 1/1	D 0/3	Y 1/1	Amount 1,000.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ **5300.00**