

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Reynoldsburg Area Democrats PAC							
Full Name of Contributor Richard D Brown					Registration Number, if PAC		
Street Address 7669 Bruns Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 1	D 0	Y 5	Amount 150.00	
Full Name of Contributor Eleanor Trapp					Registration Number, if PAC		
Street Address 870 Lancaster Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 1	D 0	Y 5	Amount 50.00	
Full Name of Contributor E N Campbell					Registration Number, if PAC		
Street Address 545 E Town St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor John Seryak					Registration Number, if PAC		
Street Address 9322 Bedlington Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 9	Y 1	Amount 20.00	
Full Name of Contributor Vincent Guinto					Registration Number, if PAC		
Street Address 799 Bernese Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 9	Y 1	Amount 20.00	
Full Name of Contributor Grace Cherrington					Registration Number, if PAC		
Street Address 4018 Courter Rd SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Pataskala	State O H	Zip Code 43062	M 0	D 7	Y 2	Amount 25.00	
Full Name of Contributor Vita King					Registration Number, if PAC		
Street Address 3211 Bluefield Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43207	M 0	D 8	Y 2	Amount 10.00	
Full Name of Contributor Andrea Eastman					Registration Number, if PAC		
Street Address 59 Highgate Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Granville	State O H	Zip Code 43023	M 0	D 8	Y 2	Amount 50.00	

* 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 \$ 425.00