

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Preston Stearns For Reynoldsburg</b>												
Full Name of Contributor <b>Roosevelt Williams</b>						Registration Number, if PAC						
Street Address <b>1336 Onslow Dr.</b>			Employer/Occupation/Labor Organization* <b>Janitor</b>				Form (Cash, Check, etc.) <b>Cash</b>					
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43204</b>		M <b>0</b>		D <b>9</b>		Y <b>1 9 1 3</b>		Amount <b>\$100.00</b>
Full Name of Contributor <b>F. Levoyce Huggins</b>						Registration Number, if PAC						
Street Address <b>335 Brice Rd.</b>			Employer/Occupation/Labor Organization* <b>State of Ohio</b>				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Reynoldsburg</b>		State <b>OH</b>		Zip Code		M <b>0</b>		D <b>9</b>		Y <b>2 7 1 3</b>		Amount <b>\$50.00</b>
Full Name of Contributor <b>Preston Stearns</b>						Registration Number, if PAC						
Street Address <b>1020 Matterhorn Dr.</b>			Employer/Occupation/Labor Organization* <b>Retired</b>				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Reynoldsburg</b>		State <b>OH</b>		Zip Code <b>43068</b>		M <b>1</b>		D <b>0</b>		Y <b>1 1 1 3</b>		Amount <b>\$400.00</b>
Full Name of Contributor <b>Ashton M. Grigley</b>						Registration Number, if PAC						
Street Address <b>986 Sandrock Ave.</b>			Employer/Occupation/Labor Organization* <b>Retail Clerk</b>				Form (Cash, Check, etc.) <b>Cash</b>					
City <b>Reynoldsburg</b>		State <b>OH</b>		Zip Code <b>43068</b>		M <b>1</b>		D <b>0</b>		Y <b>1 1 1 3</b>		Amount <b>\$50.00</b>
Full Name of Contributor <b>Larry Brown</b>						Registration Number, if PAC						
Street Address <b>6973 Nocturne Rd.</b>			Employer/Occupation/Labor Organization* <b>State of Ohio</b>				Form (Cash, Check, etc.) <b>Cash</b>					
City <b>Reynoldsburg</b>		State <b>OH</b>		Zip Code <b>43068</b>		M <b>1</b>		D <b>0</b>		Y <b>1 1 1 3</b>		Amount <b>\$26.00</b>
Full Name of Contributor <b>Marlene A. Wirth</b>						Registration Number, if PAC						
Street Address <b>1029 Northfield Pl. N</b>			Employer/Occupation/Labor Organization* <b>REtired</b>				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Reynoldsburg</b>		State <b>OH</b>		Zip Code <b>43068</b>		M <b>1</b>		D <b>0</b>		Y <b>1 1 1 3</b>		Amount <b>\$50.00</b>
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State <b>OH</b>		Zip Code		M		D		Y		Amount
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State <b>OH</b>		Zip Code		M		D		Y		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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$676.00**