Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	N. C						
Reynoldsburg Area Democrats PAC Full Name of Contributor			D	Registration Number, if PAC			
			Registra	ilion Num	bei, ii FA	C	
Joseph S Begeny Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ock etc.)
	Employer/Occup	attoti/Labor Organization				Check	ck, cic.)
8840 Kingsley Dr	State	Zip Code	Тм	D	Y	Amount	
Reynoldsburg	OH	43068	0 8	1	1.7	7 Milouin	25.00
Full Name of Contributor		10000		tion Num		С	
Priscilla Roberge							
Street Address	Employer/Occup	_			Form (Cash, Che	eck, etc.)	
372 Cumberland Dr					Check		
City	State	Zip Code	М	D	Y	Amount	····
Whitehall	ОН	43213	0 8	2 8	1:7		25.00
Full Name of Contributor				tion Num	ber, if PA	С	
Jean M Williams							
Street Address	Employer/Occup	ation/Labor Organization*	_			Form (Cash, Che	eck, etc.)
6367 Portsmouth Dr						Check_	
City	State	Zip Code	М	D	Y	Amount	
Reynoldsburg	ОН	43068	0 8	2 8	1 7		15.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Karen L Cruse							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			eck, etc.)
989 Hillridge Rd					Check		
City	State	Zip Code	M	D	Y	Amount	20.00
Reynoldsburg	ОН	43068	0 8				20.00
Full Name of Contributor			Registra	ition Num	ber, if PA	i.C	
Christine A Smith	Tr. 1. (c)	ation/Labor Organization*				E (C Ch	afe ato)
Street Address	Employer/Occup				Form (Cash, Check, etc.) Check		
88334 Priestley Dr	State	Zip Code	М	D	Y	Amount	
City	State O H	43068	0 8	1	$1 \mid 7$	Allowit	20.00
Reynoldsburg Full Name of Contributor	10 11	43000		tion Num		<u> </u>	20.00
			Registre	ition i tuni			
Lori L Karram-Jones Street Address	Employer/Occur	pation/Labor Organization*		_	-	Form (Cash, Che	eck, etc.)
6649 Furth Dr	Employer				Check	, , , ,	
City	State	Zip Code	М	D	Y	Amount	
Reynoldsburg	ОН	43068	0.8	2 8	1 7		15.00
Full Name of Contributor		15000	Registra	ation Num	ber, if PA	C	
David N Stansbury							
Street Address	Employer/Occupation/Labor Organization*			F			eck, etc.)
307 Timberland View Dr					Check		
City	State	Zip Code	М	D	Y	Amount	
Newark	OH	43055	0 8	2 8	1.7		<u> 15.00</u>
Full Name of Contributor			Registra	ation Num	ber, if PA	AC	
Jeremy Eugene Blake							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
71 Gainor Ave			C				
City	State	Zip Code	M	D	Y	Amount	45.00
Newark	O H	43055	0 8				15.00
soviced for contributions from individuals over \$100 to statewi	de and general accembly cand	idates. If contributor is self-er	nnloved the	occupatio	n and the	name of the	

Page Total \$ 150.00

^{*} 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)]