

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Reynoldsburg Area Democrats PAC							
Full Name of Contributor Joseph S Begeny					Registration Number, if PAC		
Street Address 8840 Kingsley Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 8	Y 2	Amount 25.00	
Full Name of Contributor Priscilla Roberge					Registration Number, if PAC		
Street Address 372 Cumberland Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Whitehall	State O H	Zip Code 43213	M 0	D 8	Y 2	Amount 25.00	
Full Name of Contributor Jean M Williams					Registration Number, if PAC		
Street Address 6367 Portsmouth Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 8	Y 2	Amount 15.00	
Full Name of Contributor Karen L Cruse					Registration Number, if PAC		
Street Address 989 Hillridge Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 8	Y 2	Amount 20.00	
Full Name of Contributor Christine A Smith					Registration Number, if PAC		
Street Address 88334 Priestley Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 8	Y 2	Amount 20.00	
Full Name of Contributor Lori L Karram-Jones					Registration Number, if PAC		
Street Address 6649 Furth Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 8	Y 2	Amount 15.00	
Full Name of Contributor David N Stansbury					Registration Number, if PAC		
Street Address 307 Timberland View Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Newark	State O H	Zip Code 43055	M 0	D 8	Y 2	Amount 15.00	
Full Name of Contributor Jeremy Eugene Blake					Registration Number, if PAC		
Street Address 71 Gainor Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Newark	State O H	Zip Code 43055	M 0	D 8	Y 2	Amount 15.00	

* 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 \$ 150.00