

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 CT Consultants					Registration Number, if PAC		
Street Address 7965 N. High Street, Suite 340		Employer/Occupation/Labor Organization* Engineers/ Architects/ Planners			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43235	M 1 0	D 1 8	Y 1 3	Amount 1,500.00	
Full Name of Contributor EMH&T					Registration Number, if PAC		
Street Address 5500 New Albany Raod		Employer/Occupation/Labor Organization* Engineers, Surveyors, Planners, Scientists			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43054	M 1 0	D 2 3	Y 1 3	Amount 1,500.00	
Full Name of Contributor Glaus, Pyle, Schomer, Burns & Dehaven					Registration Number, if PAC		
Street Address 520 South Main Street, Suite 2531		Employer/Occupation/Labor Organization* GPD Group			Form (Cash, Check, etc.) check		
City Akron	State O H	Zip Code 44311	M 1 0	D 2 5	Y 1 3	Amount 500.00	
Full Name of Contributor Fraternal Order of Police Political Education Fund					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 2 5	Y 1 3	Amount 1,000.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	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	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	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	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 4,500.00