

## 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>Larry B. Brown</b>			Registration Number, if PAC		
Street Address <b>6973 Nocturne Rd. 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>0</b>	D <b>1</b>	Y <b>2 5 1 5</b>
			Amount <b>\$500.00</b>		
Full Name of Contributor <b>Richard Vade Bon Coeur</b>			Registration Number, if PAC		
Street Address <b>1033 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>0</b>	D <b>1</b>	Y <b>2 4 1 5</b>
			Amount <b>\$100.00</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>0</b>	D <b>2</b>	Y <b>2 0 1 5</b>
			Amount <b>\$100.00</b>		
Full Name of Contributor <b>IBEW Pac Voluntary Fund</b>			Registration Number, if PAC		
Street Address <b>900 Seventh Street N.W.</b>	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>		
City <b>Washington</b>	State <b>D.C.</b>	Zip Code <b>20001</b>	M <b>0</b>	D <b>6</b>	Y <b>1 6 1 5</b>
			Amount <b>\$1,000.00</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		
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 **\$1,700.00**