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## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full Reynoldsburg Republican Club		, , , , , , , , , , , , , , , , , , ,							
Full Name of Contributor Michael and Laura Simpkins	· · · · · · · · · · · · · · · · · · ·		Registration Number, if F	AC					
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)					
1413 Marty Dr		7: 0.1		ck					
City Reynoldsburg	OH.	Zip Code 43068	D 9 2 9 1 5	Amount \$10.00					
Full Name of Contributor Sandra Long	Registration Number, if PAC								
Street Address 1675 Haft Dr	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)					
<sup>City</sup> Reynoldsburg	State OH	Zip Code 43068	1 1 1 7 1 5	Amount \$34.39					
Full Name of Contributor Nathan & Jolene Burd	Registration Number, if PAC								
Street Address 1566 Burkey Ct	Employer/Occupacions ration of gameation								
<sup>City</sup> Reynoldsburg	State OH	Zip Code 43068	0 7 0 2 1 5	Amount \$20.00					
Full Name of Contributor  Jed & Leslie Hood									
Street Address 8388 Lucerne Dr	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)					
City Reynoldsburg	State OH	Zip Code 43068	D 7 2 9 1 5	Amount \$20.00					
Full Name of Contributor			Registration Number, if I	AC					
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)					
City	State OH	Zip Code	M D Y	Amount					
Full Name of Contributor	Registration Number, if PAC								
Street Address	Employer/Occu	Form (Cash, Check, etc.)							
City	State OH	Zip Code	M D Y	Amount					
Full Name of Contributor	Registration Number, if	PAC							
Street Address	Employer/Occu		Form (Cash, Check, etc.)						
City	State OH	Zip Code	M D Y	Amount					
Full Name of Contributor Registration Number, if PA									
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)					
City	State OH	Zip Code	M D Y	Amount					

<sup>\*</sup> 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)]