

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full REYNOLDSBURG AREA DEMOCRATS PAC							
Full Name of Contributor PRISCILLA ROBERGE					Registration Number, if PAC		
Street Address 372 CUMBERLAND DR		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City WHITEHALL	State OH	Zip Code 43215	M 0	D 7	Y 3	Amount \$35.00	
Full Name of Contributor JAMES & CHRISTINE SMITH					Registration Number, if PAC		
Street Address 8334 PRIESTLEY DR		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State OH	Zip Code 43068	M 0	D 7	Y 3	Amount \$25.00	
Full Name of Contributor JEMMIFER & WILLIAM QUESENBERRY					Registration Number, if PAC		
Street Address 949 LANCASTER AVE		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State OH	Zip Code 43068	M 0	D 7	Y 3	Amount \$40.00	
Full Name of Contributor VARIOUS DONORS, UNDER \$25 CORN ROAST FUNDRAISER					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CASH		
City REYNOLDSBURG	State OH	Zip Code 43068	M 0	D 7	Y 3	Amount \$340.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/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/Occupation/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/Occupation/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/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	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 **\$440.00**