

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to Improve Quality of Life for Reynoldsburg									
Full Name of Contributor Ryan Blake						Registration Number, if PAC			
Street Address ryan.blake1991@yahoo.com			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) website		
City		State OH	Zip Code		M 0	D 3	Y 2	Y 3	Amount \$25.00
Full Name of Contributor Aaron DeLong						Registration Number, if PAC			
Street Address 8545 Kingsley Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) website		
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 3	Y 2	Y 5	Amount \$25.00
Full Name of Contributor Martin A. Myers						Registration Number, if PAC			
Street Address 1375 Creekside Pl.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 3	Y 2	Y 7	Amount \$50.00
Full Name of Contributor Gene P. Johnson Realty Inc.						Registration Number, if PAC			
Street Address 6899 E. Main St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 3	Y 2	Y 7	Amount \$100.00
Full Name of Contributor Wallick HENDY Development, LLC						Registration Number, if PAC			
Street Address P.O. Box 1023			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43216		M 0	D 3	Y 2	Y 8	Amount \$250.00
Full Name of Contributor James C. Moshier						Registration Number, if PAC			
Street Address 7828 Jordan Xing.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 3	Y 3	Y 0	Amount \$500.00
Full Name of Contributor Mrs. E. L. Greenblatt						Registration Number, if PAC			
Street Address 3799 Mann Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick		State OH	Zip Code 43004		M 0	D 4	Y 0	Y 6	Amount \$100.00
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	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 **\$1,050.00**