31 FA	
R.C. 3517.10	

Statement of Contributions Received

Page 2_____

Prescribed by Secretary of State 03/05

Name of Committee in Full Preston Steams For Reynoldsburg								
Full Name of Contributor Staple Debit Card Return		, 	Registrat	tion Num	ber, if PA	AC		
Street Address	E1	ion/Labor Organization	<u> </u>			Form (Cash, Check, etc.)		
2321 Taylor Park Dr.	Returned It		.		Credit Card			
City Reynoldsburg	State OH	Zip Code 43068	1 N	3 0	1 3	Amount \$33.78		
Full Name of Contributor Registration Number, if PAC								
Arma Anderson								
Street Address	Employer/Occupati	ion/Labor Organization*				Form (Cash, Check, etc.)		
1834 Surrey Pl.	Retired					Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus .	OH	43219	1 1	<u> </u>	1 3	\$50.00		
Full Name of Contributor Linwood Berry Registration Number, if PAC								
· · · · · · · · · · · · · · · · · · ·	1							
Street Address 1809 Mountain Oak Rd.	Employer/Occupati Retired	ion/Labor Organization*				Form (Cash, Check, etc.) Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	ОН	43219	1 0	0 3	1 3	\$20.00		
Full Name of Contributor			Registrat	tion Num	ber, if PA	VC		
Street Address	Employer/Occupati	ion/Labor Organization*				Form (Cash, Check, etc.)		
	Service Cha							
City	State	Zip Code	M	D	Yı	Amount		
	ОН							
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupati	ion/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
	OH.							
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupat	ion/Labor Organization®				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
	OH							
Full Name of Contributor			Registra	tion Num	iber, if PA	AC		
Street Address	Employer/Occupat	ion/Labor Organization				Form (Cash, Check, etc.)		
City	State OH	Zip Code	М	D	Y	Amount		
Full Name of Contributor	!		Registra	tion Num	AC .			
Street Address	Employar/Changes	ion/Labor Organization				Form (Cash, Check, etc.)		
SHE COL / NUMBER COST	Employer/Occupation/Labor Organization*				, , , , , , , , ,			
City	State	Zip Code	М	D	Yį	Amount		
	OH							

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)]