

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Cotner For Council							
Full Name of Contributor Committee to Elect Brad McCloud					Registration Number, if PAC		
Street Address 52 E. Gay St.		Employer/Occupation/Labor Organization* Mayors campaign committee			Form (Cash, Check, etc.) check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 9	D 3 0	Y 0 9	Amount 500.00	
Full Name of Contributor Reynoldsburg Republican Club					Registration Number, if PAC		
Street Address 8175 Priestly Dr.		Employer/Occupation/Labor Organization* political club			Form (Cash, Check, etc.) check		
City Reynoldsburg	State O H	Zip Code 43068	M 1 0	D 0 1	Y 0 9	Amount 200.00	
Full Name of Contributor Nadine Morse					Registration Number, if PAC		
Street Address 6623 Forrester Way		Employer/Occupation/Labor Organization* City			Form (Cash, Check, etc.) check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 9	D 0 1	Y 0 9	Amount 35.00	
Full Name of Contributor Committee for Ron Stake					Registration Number, if PAC		
Street Address 1080 Tiffany Drive		Employer/Occupation/Labor Organization* campaign committee			Form (Cash, Check, etc.) check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 9	D 0 1	Y 0 9	Amount 43.11	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	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	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	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	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	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ **778.11**