

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Reynoldsburg Republican Club</b>										
Full Name of Contributor <b>Contributors or \$25 or less</b>						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
				0	1	2	8	1	7	40.00
Full Name of Contributor <b>Contributors or \$25 or less</b>						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
				0	2	0	1	1	7	80.00
Full Name of Contributor <b>Contributors of \$25 or less</b>						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
				0	3	0	6	1	7	40.00
Full Name of Contributor <b>Contributors of \$25 or less</b>						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
				0	3	1	6	1	7	20.00
Full Name of Contributor <b>Penny Basye</b>						Registration Number, if PAC				
Street Address <b>8785 Linick Dr.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>			
City <b>Reynoldsburg</b>		State <b>O H</b>	Zip Code <b>43068</b>	M	D	Y	Amount			
				0	3	2	0	1	7	50.00
Full Name of Contributor <b>Contributions of \$25 or less</b>						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Cash</b>			
City		State	Zip Code	M	D	Y	Amount			
				0	3	2	8	1	7	10.00
Full Name of Contributor <b>Contributors of \$25 or less</b>						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>			
City		State	Zip Code	M	D	Y	Amount			
				0	4	0	1	1	7	30.00
Full Name of Contributor <b>Contributors of \$25 or less</b>						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
				0	4	1	1	1	7	30.00

\* 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\$ 300.00