Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Reynoldsburg Area Democrats	PAC						
Full Name of Contributor	inc		Pagiet	ration No	mber, if P	10	
Debra Smith			Regist	ration Nu	moer, if P	AC	
Street Address	Employer/Occur	nation/Labor Organization*				F (C. 1. Cl	
1327 Beeler Dr	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	- 1			Credit (Lard
Reynoldsburg	OH	l l	M	D	Y	Amount	
Full Name of Contributor	10 11	43068		5 1 8			25.00
Jean Williams			Registi	ration Nu	mber, if P	AC	
Street Address	IF. 1 6						
6367 Portsmouth Dr	Employer/Occup	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
City						Check	
1 '	State	Zip Code	M	D	Y	Amount	-
Reynoldsburg Full Name of Contributor	ОН	43068	0.5	5[3](1 8		25.00
		·	Registr	ation Nu	nber, if P	AC	
Emma Carter							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
7150 E Main St Apt B109					Credit Card		
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	O H	43068	0 6	0.4	18		25.00
Full Name of Contributor		'			nber, if P		25.00
Laura Young					,		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ok eta)
825 Sandrock Ave	1 3			Credit Card			
City	State	Zip Code	М	D	Y	Amount	aru
Reynoldsburg	O I H	43068	l l	i .	1 8		25.00
Full Name of Contributor		1 40000			ber, if PA		25.00
Rini Das			registra	ation istal	ioei, ii FA		
Street Address	Employer/Occup	ation/Labor Organization*				F (0 1 0)	
1 Miranova Pl	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	1 14		т	Credit C	ard
Columbus	ОН	1 -	M	D _	Y	Amount	
Full Name of Contributor	0 11	43215		2 5			15.00
Robert Dunlap			Registra	ition Num	ber, if PA	c	
Street Address	F 1 10						
9140 McMahon Ct	Employer/Occupa	Employer/Occupation/Labor Organization*			Form (Cash, Che	ck, etc.)	
City		T=				Check	
Reynoldsburg	State	Zip Code	М	D		Amount	
Full Name of Contributor	OH	43068	0 6	1 2	1 8		25.00
and Name of Contributor			Registra	tion Num	ber, if PA	C	"
Street Address							
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Chec	ck, etc.)
City							
City	State	Zip Code	M	D	Y	Amount	
2.11.22							
Full Name of Contributor			Registrat	tion Numi	ber, if PA		
			L				
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
City	State	Zip Code	М	D	Y	Amount	
mired for contributions from individuals over \$100 to statewild							

* 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 S	140.00