

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Reynoldsburg Area Democrats PAC</b>										
Full Name of Contributor <b>Debra Smith</b>						Registration Number, if PAC				
Street Address <b>1327 Beeler Dr</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>			
City <b>Reynoldsburg</b>			State <b>O H</b>		Zip Code <b>43068</b>		M <b>0 5</b>		D <b>1 8</b>	
							Y <b>1 8</b>		Amount <b>25.00</b>	
Full Name of Contributor <b>Jean Williams</b>						Registration Number, if PAC				
Street Address <b>6367 Portsmouth 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 <b>0 5</b>		D <b>3 0</b>	
							Y <b>1 8</b>		Amount <b>25.00</b>	
Full Name of Contributor <b>Emma Carter</b>						Registration Number, if PAC				
Street Address <b>7150 E Main St Apt B109</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>			
City <b>Reynoldsburg</b>			State <b>O H</b>		Zip Code <b>43068</b>		M <b>0 6</b>		D <b>0 4</b>	
							Y <b>1 8</b>		Amount <b>25.00</b>	
Full Name of Contributor <b>Laura Young</b>						Registration Number, if PAC				
Street Address <b>825 Sandrock Ave</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>			
City <b>Reynoldsburg</b>			State <b>O H</b>		Zip Code <b>43068</b>		M <b>0 6</b>		D <b>1 9</b>	
							Y <b>1 8</b>		Amount <b>25.00</b>	
Full Name of Contributor <b>Rini Das</b>						Registration Number, if PAC				
Street Address <b>1 Miranova Pl</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>			
City <b>Columbus</b>			State <b>O H</b>		Zip Code <b>43215</b>		M <b>0 6</b>		D <b>2 5</b>	
							Y <b>1 8</b>		Amount <b>15.00</b>	
Full Name of Contributor <b>Robert Dunlap</b>						Registration Number, if PAC				
Street Address <b>9140 McMahon Ct</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 <b>0 6</b>		D <b>1 2</b>	
							Y <b>1 8</b>		Amount <b>25.00</b>	
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 \$ 140.00