Page 1
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full					obstantile de myddinos feithio			
SAVE REYNOLDSBURG SCHOOLS								
Full Name of Contributor Registration Number, if PAC								
SCHOTTENSTEIN ZOX & DUNN STATE AND LOCAL PAC								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
250 WEST ST	OCCUPATION					CHECK	·	
City	State	Zip Code	M	D	Y	Amount		
COLUMBUS	OH	43215	013	1 3	0 9	1.0	00.00	
Full Name of Contributor Registration Number, if PAC								
L A SANDERS & ASSOC, INC								
Street Address	Employer/Occupation/Labor Organization*		-lassace	(	o/)34(400/)4(300A/A/)4(300JA)	Form (Cash, Check, e	etc.)	
12607 BENTLEY DR	OCCUPATION					CHECK		
City	<u></u>	Zip Code	М	D	Y	Amount		
PICKERINGTON	OH	43147	0 3	1 3	0 9	2.	50.00	
Full Name of Contributor			Registra	tion Numl		C	810000000000000000000000000000000000000	
G & L SUPPLY								
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
P O BOX 1059	OCCUP.	ATION				CHECK		
City	State	Zip Code	M	D	Y	Amount		
MANSFIELD	0 H	44901	0 3	2 0	0 9		25.00	
Full Name of Contributor			Registra	tion Numl	oer, if PA	С		
REYNOLDSBURG SUPPORT ASSOCIATION								
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, e	etc.)	
8291 CAIRN COURT	LABOR			CHECK				
City	State	Zip Code	M	D	Y	Amount		
REYNOLDSBURG	O H	43068	0 3	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	0 9		50.00	
1	Full Name of Contributor Registration Number, if PAC							
BRICKER & ECKLER, LLP								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
100 S THIRD ST	OCCUP.					CHECK	·	
City	State	Zip Code	M	D	Y	Amount	~a oo	
COLUMBUS	OH	43215		2 6			50.00	
Full Name of Contributor  Registration Number, if PAC								
REYNOLDSBURG EDUCATION ASSOCIATION							oto )	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
P O BOX 884	LABOR State	Zip Code	М	D	Y	Amount		
REYNOLDSBURG	O H	43068	1	2 6			00.00	
Full Name of Contributor		T 25000	THE RESIDENCE OF THE PARTY OF T	Annual Marine			OOM	
Full Name of Contributor  SECURITY VOICE, INC								
Street Address	Employer/Occupa	ation/Labor Organization*		elistiis (Alexandra Virginia)	OKONIKO WANANIA MANAMANIA MANAMANI	Form (Cash, Check, e	etc.)	
3496 SNOUFFER RD, STE 225	OCCUPATION					CHECK		
City	State	Zip Code	М	D	Y	Amount		
COLUMBUS	ОН	43235	0 3	1	0 9		00.00	
Full Name of Contributor  Registration Number, if PAC						00100		
STEPHEN DACKIN								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, e	etc.)		
8733 TAYLOR WOODS DR	OCCUP.	-				CHECK		
City	State	Zip Code	М	D	Y	Amount		
REYNOLDSBURG	OH	43068	0 3	2 6	0 9	quini.	50.00	

Page Tota	al \$	5,325.00

<sup>\*</sup> 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)]