

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | |
|---|--|--|--|--------------------------|----------------|--|----------------|
| Name of Committee in Full FRIENDS OF REYNOLDSBURG SCHOOLS | | | | | | | |
| Full Name of Contributor DEBRA WILSON | | | | | | Registration Number, if PAC | |
| Street Address 7782 WAYFARING COURT | | | Employer/Occupation/Labor Organization* OCCUPATION | | | Form (Cash, Check, etc.) CREDIT CARD | |
| City REYNOLDSBURG | | | State OH | Zip Code 43068 | M 03 | D 24 | Y 10 |
| | | | | | | Amount 25.00 | |
| Full Name of Contributor DAVID HEDRICK | | | | | | Registration Number, if PAC | |
| Street Address 514 HAWTHORNE PL | | | Employer/Occupation/Labor Organization* OCCUPATION | | | Form (Cash, Check, etc.) CREDIT CARD | |
| City REYNOLDSBURG | | | State OH | Zip Code 43068 | M 03 | D 24 | Y 10 |
| | | | | | | Amount 20.00 | |
| Full Name of Contributor PAMELA TURNER | | | | | | Registration Number, if PAC | |
| Street Address 8088 REYNOLDSWOOD DR | | | Employer/Occupation/Labor Organization* OCCUPATION | | | Form (Cash, Check, etc.) CREDIT CARD | |
| City REYNOLDSBURG | | | State OH | Zip Code 43068 | M 03 | D 25 | Y 10 |
| | | | | | | Amount 20.00 | |
| Full Name of Contributor ARON & MELISA RAY | | | | | | Registration Number, if PAC | |
| Street Address 7797 ASTRA CN | | | Employer/Occupation/Labor Organization* OCCUPATION | | | Form (Cash, Check, etc.) CREDIT CARD | |
| City REYNOLDSBURG | | | State OH | Zip Code 43068 | M 03 | D 25 | Y 10 |
| | | | | | | Amount 25.00 | |
| Full Name of Contributor LORETTA KING | | | | | | Registration Number, if PAC | |
| Street Address 937 MAHLE DR | | | Employer/Occupation/Labor Organization* OCCUPATION | | | Form (Cash, Check, etc.) CREDIT CARD | |
| City REYNOLDSBURG | | | State OH | Zip Code 43068 | M 03 | D 29 | Y 10 |
| | | | | | | Amount 50.00 | |
| Full Name of Contributor BILL KAY | | | | | | Registration Number, if PAC | |
| Street Address 7937 AMBROSE BEND | | | Employer/Occupation/Labor Organization* OCCUPATION | | | Form (Cash, Check, etc.) CREDIT CARD | |
| City REYNOLDSBURG | | | State OH | Zip Code 43068 | M 03 | D 31 | Y 10 |
| | | | | | | Amount 25.00 | |
| Full Name of Contributor KAREN ADKINS | | | | | | Registration Number, if PAC | |
| Street Address 950 DIANTHUS CT | | | Employer/Occupation/Labor Organization* OCCUPATION | | | Form (Cash, Check, etc.) CREDIT CARD | |
| City REYNOLDSBURG | | | State OH | Zip Code 43068 | M 04 | D 02 | Y 10 |
| | | | | | | Amount 10.00 | |
| Full Name of Contributor CARL & RHONDA EBERST | | | | | | Registration Number, if PAC | |
| Street Address 6550 ROCKY DEN RD | | | Employer/Occupation/Labor Organization* OCCUPATION | | | Form (Cash, Check, etc.) CREDIT CARD | |
| City REYNOLDSBURG | | | State OH | Zip Code 43068 | M 04 | D 05 | Y 10 |
| | | | | | | Amount 25.00 | |

* 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 also appear. [R.C. 3517.10(B)(4)]