

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Reynoldsburg Republican Club											
Full Name of Contributor Dan Skinner						Registration Number, if PAC					
Street Address 7265 Sorrelwood			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash				
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 1	Y 0	Y 6	Y 1	Y 5	Amount \$10.00
Full Name of Contributor Gil Vincent						Registration Number, if PAC					
Street Address 6483 Lexleigh			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash				
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 1	Y 0	Y 6	Y 1	Y 5	Amount \$10.00
Full Name of Contributor Doug Joseph						Registration Number, if PAC					
Street Address 9250 Huggins			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash				
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 1	Y 0	Y 6	Y 1	Y 5	Amount \$10.00
Full Name of Contributor Les Davies						Registration Number, if PAC					
Street Address 8907 Lupine			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash				
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 1	Y 0	Y 6	Y 1	Y 5	Amount \$10.00
Full Name of Contributor Stephen & Tticia Cicak						Registration Number, if PAC					
Street Address 6866 Roundelay			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash				
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 1	Y 0	Y 6	Y 1	Y 5	Amount \$20.00
Full Name of Contributor The Bullet Ranch						Registration Number, if PAC					
Street Address 12425 E Broad St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Pataskala		State OH	Zip Code 43062		M 1	D 2	Y 2	Y 6	Y 1	Y 5	Amount \$450.00
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State OH	Zip Code		M	D	Y	Y	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State OH	Zip Code		M	D	Y	Y	Y	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 also appear. [R.C. 3517.10(B)(4)]