

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Reynoldsburg Republican Club					
Full Name of Contributor Contributions from form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 4	Y 1 7 1 5
Full Name of Contributor				Amount \$3,570.00	
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y
Full Name of Contributor				Amount	
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y
Full Name of Contributor				Amount	
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y
Full Name of Contributor				Amount	
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City	State OH	Zip Code	M	D	Y
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City	State OH	Zip Code	M	D	Y
Full Name of Contributor				Amount	
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y
Full Name of Contributor				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)]

Page Total **\$3,570.00**