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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
	ata DAC						*	
Reynoldsburg Area Democra	ats PAC							
	Registration Number.							
Karen Cruse Street Address								
• • • • • • • • • • • • • • • • • • • •	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Cl	heck, etc.)	
989 Hillridge Rd						Cash		
City	State	Zip Code	М	D	Y	Amount		
Reynoldsburg	ОН	43068	0 2	2 3	1 8		25.00	
Full Name of Contributor				tion Numb			25.00	
Roger Cruse			a logistic	on i vann	, II 1 A	ic .		
Street Address	Employer/Occur	pation/Labor Organization*				F (C 1 C		
989 Hillridge Rd		parion babor Organization				Form (Cash, Ch	ieck, etc.)	
City	State	Zip Code				Cash		
Reynoldsburg	1	•	М	D	Y	Amount		
Full Name of Contributor	O H	43068	0 2	2 3	1 8		25.00	
			Registra	tion Numb	er, if PA	iC		
Anonymous Cash Street Address								
Succe Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)		
						Cash		
City	State	Zip Code	M	D	Y	Amount		
		1	0 2	2 3	1 8		5.00	
Full Name of Contributor				ion Numb		C	0.00	
Cornelius McGrady III			Ĭ		,			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch.	ank ata \	
8675 Kingsley Dr		- mproj di oddapation Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	М	<u> </u>		Check		
Reynoldsburg	ОН	43068		D		Amount		
Full Name of Contributor		1 43000	0 3	1 9	1 8		25.00	
Mildred Johnson			Kegistrati	on Numbe	er, if PAC	C		
Street Address	Employer/O	wing I o i i t						
1931 Glenford Ct	Employer/Occup	Employer/Occupation/Labor Organization*			ľ	Form (Cash, Check, etc.)		
City						<u>Chec</u> k		
•	State	Zip Code	М	D	Y	Amount		
Reynoldsburg Full Name of Contributor	ОН	43068	0 3	1 9	1 8		25.00	
		· · · · · · · · · · · · · · · · · · ·	Registrati	on Numbe	r, if PAC			
Joseph Begeny								
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
8840 Kingsley Dr						Check		
City	State	Zip Code	М	D	Y /	Amount		
Reynoldsburg	ОН	43068	0 3	1 9	1 8		25.00	
ull Name of Contributor			Registration				25.00	
Pamela Mershon			3.00.00.00	J. 1 (MILIOC	i, ii i / (C			
treet Address	Employer/Occupa	tion/Labor Organization*			Ī	. (O 1 CI		
6994 Shaulis Dr		Employer/Occupation/Labor Organization*			ľ	Form (Cash, Check, etc.)		
City	State	Zip Code		- T		Credit C	ard	
Reynoldsburg	1 ~ 11	-	M	D		Amount		
ull Name of Contributor	ОН	43068		1 7 :	1 8		25.00	
Anonymous Cash			Registratio	n Number	, if PAC			
treet Address	- In							
	Employer/Occupa	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
:a.						Cash	i	
ity	State	Zip Code	М	D	Y A	Amount		
			_  0:4	1 7 1	8		25.00	
aired for contributions from individuals over \$100 to state	euride and general accombly condid							

\* 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 \$	100.00
rage rotal 3	180.00