

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Reynoldsburg Area Democrats PAC									
Full Name of Contributor Karen Cruse						Registration Number, if PAC			
Street Address 989 Hillridge Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Reynoldsburg		State O H	Zip Code 43068		M 0 2	D 2 3	Y 1 8	Amount 25.00	
Full Name of Contributor Roger Cruse						Registration Number, if PAC			
Street Address 989 Hillridge Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Reynoldsburg		State O H	Zip Code 43068		M 0 2	D 2 3	Y 1 8	Amount 25.00	
Full Name of Contributor Anonymous Cash						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City		State	Zip Code		M 0 2	D 2 3	Y 1 8	Amount 5.00	
Full Name of Contributor Cornelius McGrady III						Registration Number, if PAC			
Street Address 8675 Kingsley Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State O H	Zip Code 43068		M 0 3	D 1 9	Y 1 8	Amount 25.00	
Full Name of Contributor Mildred Johnson						Registration Number, if PAC			
Street Address 1931 Glenford Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State O H	Zip Code 43068		M 0 3	D 1 9	Y 1 8	Amount 25.00	
Full Name of Contributor Joseph Begeny						Registration Number, if PAC			
Street Address 8840 Kingsley Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State O H	Zip Code 43068		M 0 3	D 1 9	Y 1 8	Amount 25.00	
Full Name of Contributor Pamela Mershon						Registration Number, if PAC			
Street Address 6994 Shaulis Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Reynoldsburg		State O H	Zip Code 43068		M 0 3	D 1 7	Y 1 8	Amount 25.00	
Full Name of Contributor Anonymous Cash						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City		State	Zip Code		M 0 4	D 1 7	Y 1 8	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 180.00