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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Reynoldsburg Area Democrats PAC	,					
Full Name of Contributor			Pagistra	tion Num	ber, if PA	
Richard D Brown			Registra	HOH NUH	Der, II PA	.C
Street Address	Employer/Occur	nation / abor Organization *				Form (Cosh Cheek etc.)
i e	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
7669 Bruns Ct	Charles	T7: 0.1	T.,	1 5	T .,	Check
City	State O   H	Zip Code	M	D	Y	Amount
Canal Winchester	OH	43110	1 0		1 7	150.0
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Eleanor Trapp	In 1 10	7.1.0				D (0.1.0)
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
870 Lancaster Ave		In a .				Check
City	State	Zip Code	M	D	Y	Amount
Reynoldsburg	ОН	43068		0 5	1 7	50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Friends of John O'Grady						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
545 E Town St	<u> </u>				r	Credit Card
City	State	Zip Code	M	D	Y	Amount
Columbus	<u> О Н</u>	43215	1 0		1 7	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
John Seryak						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
9322 Bedlington Dr						Credit Card
City	State	Zip Code	M	D	Y	Amount
Reynoldsburg	OH	43068	0 9		1 7	20.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Vincent Guinto						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
799 Bernese Ct						Credit Card
City	State	Zip Code	M	D	Y	Amount
Reynoldsburg	OH	43068	0   9		1 7	20.0
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Grace Cherrington					-	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
4018 Courter Rd SW						Credit Card
City	State	Zip Code	М	D	Y	Amount
Pataskala	ОН	43062	0 7	2 6	1 7	25.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Vita King						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
3211 Bluefield Dr						Credit Card
City	State	Zip Code	M	D	Y	Amount
Columbus	ОН	43207	0   8		1 7	10.0
Full Name of Contributor		<del></del> -	Registra	tion Num	ber, if PA	C
Andrea Eastman						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
59 Highgate Rd						Credit Card
City	State	Zip Code	М	D	Y	Amount
Granville	ОН	43023	0 8	2 4	1 7	50.00
. 10 7	Language of the same	idates. If contributor is salf arms	slavad tha a	· commetica	a and tha s	name of the

Page Total \$ 425.00

<sup>\*</sup> 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)]