



Statement of Contributions Received

ORC 3517.10

Full Name of Committee				:	
Reynoldsburg Republican Club					
ull Name of Contributor			Registration N	Registration Number, if PAC	
Street Address	Employ	er/Occupation/Labo	r Organization*	Form (Cash, Check, etc.)	
Street Address	Limploy	017 G GGGPGGGT# = 42 - 4	, - 1,3		
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Full Name of Contributor		<u>.</u>	Registration N	lumber, if PAC	
Street Address	Employ	er/Occupation/Labo	or Organization*	Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
				Number # DAG	
Full Name of Contributor			Registration r	Number, if PAC	
Street Address	Employ	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Full Name of Contributor			Registration	Number, if PAC	
Street Address	Emplo	yer/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Full Name of Contributor	Registration			Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
	1				

*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	0.00