

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for a Better Reynoldsburg										
Full Name of Contributor Gary Knapp						Registration Number, if PAC				
Street Address 1741 Graham Rd			Employer/Occupation/Labor Organization* Columbus Fire Department				Form (Cash, Check, etc.) Cash			
City Reynoldsburg			State O H		Zip Code 43068		M 1 0	D 1 0	Y 1 1	Amount 100.00
Full Name of Contributor Fraternal Order of Police						Registration Number, if PAC				
Street Address 6800 Schrock Hill Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus			State O H		Zip Code 43229		M 1 0	D 1 1	Y 1 1	Amount 500.00
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ **600.00**