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					Registration Number, if PAC					
Gary Knapp				, co	ii uii o	41 110411	DCI, II I I			
Street Address	Employer	/Occupa	ntion/Labor Organization*	<u> </u>				Form (Cash, Check, etc.)		
1741 Graham Rd	ı	nt				Cash				
City	Sta	_	us Fire Departmen Zip Code	Тм	1	D	Y	Amount		
Reynoldsburg	loï	Н	43068	110	، ا ،	1 0	111	100.00		
lame of Contributor						Registration Number, if PAC				
Fraternal Order of Police										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
6800 Schrock Hill Ct.	Simpley of Ossaphinois Billion Organization							Check		
City	Sta	10	Zip Code	М	$\overline{}$	D	Y	Amount		
Columbus	0	Н	43229	ŀ	۸.	$1 \mid 1$	1 1	500.00		
Full Name of Contributor			43229		_					
Full Name of Contributor Registration Number, if PAC										
Street Address	Employer					Form (Cash, Check, etc.)				
	Employer/Occupation/Labor Organization*							, (0.001, 0.1011, 0.101)		
City	Sta	te	Zip Code	М	$\overline{}$	D	Y			
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Full Name of Contributor	!!		<u></u>	Regist	tratio	n Num	her if PA			
					Registration Number, if PAC					
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)					
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Full Name of Contributor Registration Number, if PA								C		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
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City	Sta	ite	Zip Code	М	Т	D	Y	Amount		
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Full Name of Contributor Registration Number, if PA								C		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
City	Sta	te	Zip Code	М		D	Y	Amount		
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Full Name of Contributor	<u></u>	_		Regist	tratio	n Numi	ber, if PA	C		
					}					
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)				
City	Sta	te	Zip Code	М	ŀ	D	Υ	Amount		
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Full Name of Contributor Registration Number, if PAG								C		
1										
Street Address Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)		
City	Sta	ite	Zip Code	М	Т	D	Y	Атноилт		
1 1 C	-		*	_						

* 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