

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full WE ARE RAIDERS						
Full Name of Contributor REYNOLDSBURG SUPPORT ASSOCIATION					Registration Number, if PAC	
Street Address 8291 CAIRN COURT		Employer/Occupation/Labor Organization* LABOR ORGANIZATION			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State OH	Zip Code 43068	M 0	D 9	Y 2 2 0 9	Amount \$1,000.00
Full Name of Contributor REYNOLDSBURG EDUCATION ASSOCIATION					Registration Number, if PAC	
Street Address P O BOX 884		Employer/Occupation/Labor Organization* LABOR ORGANIZAION			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State OH	Zip Code 43068	M 1	D 0	Y 0 7 0 9	Amount \$1,500.00
Full Name of Contributor HUNTINGTON NATIONAL BANK					Registration Number, if PAC	
Street Address P O BOX 1558		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43219	M 1	D 0	Y 1 5 0 9	Amount \$500.00
Full Name of Contributor STEVEN DACKIN					Registration Number, if PAC	
Street Address 8733 TAYLOR WOODS DR		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State OH	Zip Code 43068	M 1	D 0	Y 0 7 0 9	Amount \$80.00
Full Name of Contributor WENDY LEITCH					Registration Number, if PAC	
Street Address 1544 SOUTHWOOD AVE		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State OH	Zip Code 43068	M 1	D 0	Y 0 7 0 9	Amount \$60.00
Full Name of Contributor DAWN MCCLOUD					Registration Number, if PAC	
Street Address 571 PEAK CT		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State OH	Zip Code 43068	M 1	D 0	Y 0 7 0 9	Amount \$50.00
Full Name of Contributor LAUREL PURTELL					Registration Number, if PAC	
Street Address 866 CAMPANULA CT		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State OH	Zip Code 43068	M 1	D 0	Y 0 7 0 9	Amount \$30.00
Full Name of Contributor R D REICHARD					Registration Number, if PAC	
Street Address 1830 LANCASTER AVE		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State OH	Zip Code 43068	M 1	D 0	Y 0 7 0 9	Amount \$50.00

* 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 also appear. [R.C. 3517.10(B)(4)]