

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 GIRLS SOCCER BOOSTERS							Registration Number, if PAC						
Street Address 197 CANTERBURY LANE				Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK						
City REYNOLDSBURG		State OH		Zip Code 43068		M 0		D 9		Y 2 2 0 9		Amount \$160.00	
Full Name of Contributor LESLIE KELLY							Registration Number, if PAC						
Street Address 7410 DAUGHERTY RD				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 \$40.00	
Full Name of Contributor INDIVIDUAL CONTRIBUTORS FROM T-SHIRT SALES - LISTING ATTACHED (\$10-20ea)							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK/CASH						
City REYNOLDSBURG		State OH		Zip Code 43068		M 1		D 0		Y 1 6 0 9		Amount \$1,540.00	
Full Name of Contributor PAUL HARRELL							Registration Number, if PAC						
Street Address 1054 MUELLER 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							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		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 OH		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 OH		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 OH		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 also appear. [R.C. 3517.10(B)(4)]