

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENDS OF REYNOLDSBURG SCHOOLS</b>							
Full Name of Contributor <b>CHRISTINE A. SMITH</b>						Registration Number, if PAC	
Street Address <b>8334 PRIESTLEY DR</b>		Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CREDIT CARD</b>	
City <b>REYNOLDSBURG</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>03</b>	D <b>17</b>	Y <b>10</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>JULIE HARTMAN</b>						Registration Number, if PAC	
Street Address <b>7893 GODFREY CIR</b>		Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CREDIT CARD</b>	
City <b>REYNOLDSBURG</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>03</b>	D <b>19</b>	Y <b>10</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>MICHELLE MCKENZIE-WOLFE</b>						Registration Number, if PAC	
Street Address <b>1322 FLETCHER DR</b>		Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CREDIT CARD</b>	
City <b>REYNOLDSBURG</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>03</b>	D <b>19</b>	Y <b>10</b>	Amount <b>5.00</b>	
Full Name of Contributor <b>TRACY WELCH</b>						Registration Number, if PAC	
Street Address <b>795 HUNT VALLEY DR</b>		Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CREDIT CARD</b>	
City <b>REYNOLDSBURG</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>03</b>	D <b>19</b>	Y <b>10</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>DONN KREUTZ</b>						Registration Number, if PAC	
Street Address <b>7425 TOBIN AVE</b>		Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CREDIT CARD</b>	
City <b>REYNOLDSBURG</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>03</b>	D <b>22</b>	Y <b>10</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>SHANNON PRINCE</b>						Registration Number, if PAC	
Street Address <b>1015 KINGS CHARTER LN</b>		Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CREDIT CARD</b>	
City <b>REYNOLDSBURG</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>03</b>	D <b>22</b>	Y <b>10</b>	Amount <b>5.00</b>	
Full Name of Contributor <b>BARTH COTNER</b>						Registration Number, if PAC	
Street Address <b>1439 JACKSON ST</b>		Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CREDIT CARD</b>	
City <b>REYNOLDSBURG</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>03</b>	D <b>23</b>	Y <b>10</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>KAREN COLEMAN</b>						Registration Number, if PAC	
Street Address <b>8873 CORAL CANYON CIR</b>		Employer/Occupation/Labor Organization* <b>OCCUPATION</b>				Form (Cash, Check, etc.) <b>CREDIT CARD</b>	
City <b>REYNOLDSBURG</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>03</b>	D <b>24</b>	Y <b>10</b>	Amount <b>20.00</b>	

\* 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)]