

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>REYNOLDSBURG CITIZENS FOR RESPONSIBLE GOVERNMENT</b>							
Full Name of Contributor <b>COMMITTEE FOR CHRIS LONG</b>					Registration Number, if PAC		
Street Address <b>1675 HALF DRIVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>REYNOLDSBURG</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   0</b>	D <b>1   5</b>	Y <b>0   9</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>CITIZENS FOR NATHAN BURD</b>					Registration Number, if PAC		
Street Address <b>1566 BURKEY COURT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>REYNOLDSBURG</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   0</b>	D <b>1   5</b>	Y <b>0   9</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>ELAINE TORNERO</b>					Registration Number, if PAC		
Street Address <b>7716 CRITWELL COURT</b>		Employer/Occupation/Labor Organization* <b>HOMEMAKER</b>			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>REYNOLDSBURG</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   0</b>	D <b>1   7</b>	Y <b>0   9</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>BERTHA PERDERSEN</b>					Registration Number, if PAC		
Street Address <b>1225 VALLEYDELL CIR. NW</b>		Employer/Occupation/Labor Organization* <b>RETIRED</b>			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>NORTH CANTON</b>	State <b>O   H</b>	Zip Code <b>44720</b>	M <b>1   0</b>	D <b>1   7</b>	Y <b>0   9</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>LAURA CLOUD</b>					Registration Number, if PAC		
Street Address <b>323 FALLRIVER DRIVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>REYNOLDSBURG</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   0</b>	D <b>2   5</b>	Y <b>0   9</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>JOSEPH KREHLIK</b>					Registration Number, if PAC		
Street Address <b>160 ROYAL FARM EAST</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>BLACKLICK</b>	State <b>O   H</b>	Zip Code <b>43004</b>	M <b>1   1</b>	D <b>1   6</b>	Y <b>0   9</b>	Amount <b>25.00</b>	
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 \$ 1,825.00