

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Preston Stearns For Reynoldsburg										
Full Name of Contributor Carolyn G. Stearns						Registration Number, if PAC				
Street Address 1020 Matterhorn Dr.			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check				
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 7	Y 0	Y 1	3 3	Amount \$700.00
Full Name of Contributor Benay E. Adam						Registration Number, if PAC				
Street Address 991 Matterhorn Dr.			Employer/Occupation/Labor Organization* Nurse			Form (Cash, Check, etc.) Check				
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 7	Y 1	Y 1	3 3	Amount \$100.00
Full Name of Contributor Mary F. Cessor						Registration Number, if PAC				
Street Address 1330 Idle Wild Dr.			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check				
City Columbus		State OH	Zip Code 43232		M 0	D 7	Y 2	Y 6	3 1	Amount \$250.00
Full Name of Contributor Walter McKinley, Jr.						Registration Number, if PAC				
Street Address 482 Beaverbrook Dr.			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check				
City GAhanna		State OH	Zip Code 43230		M 0	D 8	Y 1	Y 0	3 1	Amount \$50.00
Full Name of Contributor Evelyn E. Perry						Registration Number, if PAC				
Street Address 1144 Matterhorn Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 8	Y 1	Y 9	3 1	Amount \$25.00
Full Name of Contributor Preston N. Stearns						Registration Number, if PAC				
Street Address 1020 Matterhorn Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 8	Y 8	Y 8	3 1	Amount \$1,100.00
Full Name of Contributor IBEW Voluntary Fund						Registration Number, if PAC				
Street Address 900 Seventh Street, N.W.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
City Washington		State DC	Zip Code 20001		M 0	D 8	Y 2	Y 3	3 1	Amount \$500.00
Full Name of Contributor Benin A. Lee						Registration Number, if PAC				
Street Address 6364 Cherroy Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 9	Y 1	Y 9	3 1	Amount \$100.00

* 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)]