## **Statement of Contributions Received**

Page 2

Prescribed by Secretary of State 03/05

Name of Committee in Full REYNOLDSBURG AREA DEMOCRATS				
Full Name of Contributor DENNIS & PRISCILLA ROBERGE			Registration Number, if PAC	
Street Address 372 CUMBERLAND DR		Employer/Occupation/Labor Organization* OCCUPATION		Form (Cash, Check, etc.) CHECK
City WHITEHALL	State OH	Zip Code 43213	0 2 2 7 1 7	Amount \$60.00
Full Name of Contributor CHRISTOPHER SHOOK			Registration Number, if P	AC
Street Address 572 HUNNUCUT DR		Employer/Occupation/Labor Organization OCCIPATION		Form (Cash, Check, etc.) CHECK
City REYNOLDSBURG	State OH	Zip Code 43068	M D Y 0 2 2 7 1 7	Amount \$100.00
Full Name of Contributor FUNDRAISER MARDI GRAS VARIOUS DONERS UNDER \$25  Registration Number, if PAC				
Street Address	Employer/Occu OCCUPA	pation/Labor Organization* TION		Form (Cash, Check, etc.)  CASH
City REYNOLDSBURG	State OH	Zip Code 43068	$\begin{bmatrix} M & D & Y \\ 0 & 2 & 2 & 7 & 1 & 7 \end{bmatrix}$	Amount \$105.00
Full Name of Contributor  FUNDRAISER ST PATS VARIOUS DONORS UNDER \$25  Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization* OCCUPATION		Form (Cash, Check, etc.) CASH
City REYNOLDSBURG	State OH	Zip Code 43068	0 3 2 0 1 7	Amount \$85.00
Full Name of Contributor  JENIFFER AND WILLIAM QUESENBERRY  Registration Number, if PAC				
Street Address 949 LANCASTER AVE	1	Employer/Occupation/Labor Organization* OCCUPATION		Form (Cash, Check, etc.) CHECK
City REYNOLDSBURG	State OH	Zip Code 43068	0 3 1 3 1 7	Amount \$55.00
Full Name of Contributor  JOSEPH & TORI BEGENY  Registration Number, if I				AC
Street Address 8840 KINGSLEY DR	1 ' -	Employer/Occupation/Labor Organization* OCCUPATION		Form (Cash, Check, etc.) CHECK
City REYNOLDSBURG	State OH	Zip Code 43068	0 4 1 0 1 7	Amount \$40.00
Full Name of Contributor  VARIOUS UNDER \$25 DUES FOR YEAR				AC
Street Address	Employer/Occu OCCUPAT	pation/Labor Organization* ION		Form (Cash, Check, etc.) CK, CASH
City REYNOLDSBURG	State OH	Zip Code 43068	M D Y 0 4 1 0 1 7	Amount \$585.00
Full Name of Contributor Registration Number, if PA				AC
reet Address Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount

<sup>\*</sup> 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)]