

Statement of Contributions Received

Page 1

Prescribed by Secretary of State 03/05

| Name of Committee in Full Preston Stearns For Reynoldsburg | | | · - - | ··· |
|--|--|--|-------------------------|-----------------------------------|
| Full Name of Contributor Carolyn Stearns | | | Registration Number, if | PAC |
| Street Address 1020 Matterhorn Dr. | Employer/Occu Retired | Employer/Occupation/Labor Organization* Retired | | Form (Cash, Check, etc.) Check |
| City Reynoldsburg | State OH | Zip Code 43068 | 1 0 1 7 1 3 | Amount \$300.00 |
| Full Name of Contributor Anthony R. Desilva & Pamela Sacco | | | Registration Number, if | PAC |
| Street Address 6939 Old Church Way | Employer/Occu Retired | Employer/Occupation/Labor Organization Retired | | Form (Cash, Check, etc.) Check |
| City Reynoldsburg | State OH | Zip Code 43068 | M D Y 1 3 | Amount \$25.00 |
| Full Name of Contributor Preston Stearns | | | | PAC |
| Street Address 1020 Matterhorn Dr. | Employer/Occu Retired | Employer/Occupation/Labor Organization* Retired | | Form (Cash, Check, etc.) Cash |
| City Reynoldsburg | State OH | Zip Code 43068 | 1 0 2 4 1 3 | |
| Full Name of Contributor L. Helen Turner | | | Registration Number, if | |
| Street Address 2581 Higham | Employer/Occupation/Labor Organization Retired | | | Form (Cash, Check, etc.) |
| City Columbus | State OH | Zip Code 43234 | M D Y | <u> </u> |
| Full Name of Contributor Greater Reynoldsburg Democratic Club PAC | | | | |
| Street Address | Employer/Occupation/Labor Organization* PAC | | | Form (Cash, Check, etc.) Check |
| City Reynoldsburg | State OH | Zip Code 43068 | 1 0 2 8 3 1 | Amount \$150.00 |
| Full Name of Contributor Registration Number, if PAC Preston Stearns | | | | |
| Street Address 1020 Matterhorn Dr. | Employer/Occo Retired | | | |
| City Reynoldsburg | State OH | Zip Code 43068 | M D Yi | |
| Full Name of Contributor William & Heather Bishoff | <u> </u> | | Registration Number, if | |
| Street Address 2902 Braden Way | Employer/Occ. Legislator | pation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| City Blacklick | State OH | Zip Code 43004 | M D Y | Amount \$100.00 |
| Full Name of Contributor William & Heather Bishoff | | | Registration Number, if | PAC Form (Cash, Check, etc.) |
| Street Address 2902 Braden Way | i i | Employer/Occupation/Labor Organization* Legislator | | |
| City Blacklick | State OH | Zip Code 43004 | M D Y 1 0 2 8 1 3 | Amount \$50.00 |

Page Total \$965.00

^{*} 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)]