

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Reynoldsburg Republican Club</b>									
Full Name of Contributor <b>Stephanie McCloud</b>						Registration Number, if PAC			
Street Address <b>912 Rosehill Rd.</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   D   Y <b>1   2   0</b>		Amount <b>40.00</b>	
Full Name of Contributor <b>Lucinda Balach</b>						Registration Number, if PAC			
Street Address <b>8109 Priestly Dr.</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   D   Y <b>1   2   0</b>		Amount <b>40.00</b>	
Full Name of Contributor <b>Stephen Cicak</b>						Registration Number, if PAC			
Street Address <b>6866 Roundelay Rd. N</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>PayPal</b>	
City <b>Reynoldsburg</b>		State <b>O   H</b>		Zip Code <b>43068</b>		M   D   Y <b>1   2   2</b>		Amount <b>40.00</b>	
Full Name of Contributor <b>Contributions of \$25 or Less</b>						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>PayPal</b>	
City		State		Zip Code		M   D   Y <b>1   2   2</b>		Amount <b>65.00</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	
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)]