

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF REYNOLDSBURG SCHOOLS									
Full Name of Contributor WILLIAM AND JANIS HILLS						Registration Number, if PAC			
Street Address 8175 PRIESTLEY DR			Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG		State OH	Zip Code 43068		M 0	D 4	Y 1	Amount \$100.00	
Full Name of Contributor TYRONE SULLIVAN						Registration Number, if PAC			
Street Address 6456 HURLINGHAM RD			Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG		State OH	Zip Code 43068		M 0	D 4	Y 1	Amount \$100.00	
Full Name of Contributor LIMITEDBRANDS						Registration Number, if PAC			
Street Address THREE LIMITED PARKWAY			Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) ELECT TRANSFER		
City COLUMBUS		State OH	Zip Code 43230		M 0	D 4	Y 1	Amount \$10,000.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	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 OH	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 OH	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 OH	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 OH	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$10,200.00**