

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full SAVE REYNOLDSBURG SCHOOLS, JAMES H. SMITH, TREAS.							
Full Name of Contributor VALERIE ZIELINSKI-MAYER					Registration Number, if PAC		
Street Address 1660 N CASSIDY AVE		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O   H	Zip Code 43209	M 0   4	D 1   7	Y 0   9	Amount 200.00	
Full Name of Contributor JANA ALIG-MIELCAREK					Registration Number, if PAC		
Street Address 2958 PRINCEVILLE DR		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City PICKERINGTON	State O   H	Zip Code 43147	M 0   4	D 1   7	Y 0   9	Amount 50.00	
Full Name of Contributor VARIOUS DONATIONS- WINDOW CLINGS					Registration Number, if PAC		
Street Address 7244 E MAIN ST		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CASH		
City REYNOLDSBURG	State O   H	Zip Code 43068	M 0   4	D 1   7	Y 0   9	Amount 130.00	
Full Name of Contributor THOMAS COCHRAN					Registration Number, if PAC		
Street Address 529 S 5TH ST		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O   H	Zip Code 43206	M 0   4	D 2   1	Y 0   9	Amount 100.00	
Full Name of Contributor E P JOHNSON					Registration Number, if PAC		
Street Address 1695 KENVIEW RD		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O   H	Zip Code 43209	M 0   4	D 2   1	Y 0   9	Amount 50.00	
Full Name of Contributor KAREN ZALAC					Registration Number, if PAC		
Street Address 680 HARTFORD ST		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City WORTHINGTON	State O   H	Zip Code 43085	M 0   4	D 2   1	Y 0   9	Amount 100.00	
Full Name of Contributor MITCH BIEDERMAN					Registration Number, if PAC		
Street Address 311 WAGGONER RD		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CASH		
City REYNOLDSBURG	State O   H	Zip Code 43068	M 0   4	D 2   1	Y 0   9	Amount 50.00	
Full Name of Contributor RONALD STRUSSION					Registration Number, if PAC		
Street Address 1730 GRAHAM RD		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State O   H	Zip Code	M 0   4	D 3   0	Y 0   9	Amount 150.00	

\* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 830.00