31-A R.C. 3517.

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			44	·				-	
Citizens to Improve Quality of Life for Reynolo	lsburg		W 181					1	
Full Name of Contributor					Registration Number, if PAC				
Marshall A. Spalding									
Street Address	Employer/Occupation/Labor Organizati					_		Form (Cash, Check, etc.	
1940 Glenford Ct.								Check	
City	State	9	Zip Code	N		D	Y	Amount	
Reynoldsburg		H	43068	1	1	1	5 1 6	300.00	
							Numb	er, if PAC	
Lucinda K. Balach									
Street Address	Employe	ation	*			Form (Cash, Check, etc.)			
8109 Priestly Dr.						Check			
City	State	•	Zip Code	M	1	D	Y	Amount	
Reynoldsburg	0	Н	43068	1	2	0 2	2 1 6	100.00	
Full Name of Contributor				Re	gist	ratior	n Numb	er, if PAC	
CT Consultants									
Street Address	Employe	ation	*	_		Form (Cash, Check, etc.			
7965 N High St #340, Columbus, OH 43235								Check	
City	State	9	Zip Code	M		D	Y	Amount	
Columbus	0	Н	43235	1	2	0	9 1 6	1,000.00	
Full Name of Contributor							ation Number, if PAC		
Bradley K. Sinnott Committee to Elect Brad McCloud									
Street Address	Employer/Occupation/Labor Organiza				*			Form (Cash, Check, etc.	
52 E. Gay St.								Check	
City	State	9	Zip Code	M		Þ	Y	Amount	
Columbus	0	H	43215	1	2	1	5 1 6	1,000.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address	Employe	tion*				Town (Cook Chook ato			
Circei Address	Litibioae	cupation/Labor Organiza	auon				Form (Cash, Check, etc.		
City	State		Zip Code	ΤN	4	D	TY	Amount	
Oity		,	Lip Code	'	'	Ĭ		Amount	
Full Name of Contributor	<u> </u>		l	Bo	aiet	ration	Numb	er if PAC	
I di Hallo di Collabatol						Registration Number, if PAC			
Street Address	Employe	ation	*			Form (Cash, Check, etc.			
011001710411000	Linbioye	ation	don (Odon, Oncok, etc						
City	State	<u>-</u>	Zip Code	ΤN	1	D	TY	Amount	
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Full Name of Contributor					Registration Number, if PAC				
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Street Address	Employe	ation	*			Form (Cash, Check, etc.			
	Employer/Occupation/Labor Organiza							i om (odon; onook; olo	
City	State		Zip Code	l N	1	D	ΤY	Amount	
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Full Name of Contributor Registration Numbe							er, if PAC		
Togott								,	
Street Address	Employer/Occupation/Labor Organiza							Form (Cash, Check, etc.	
City	State		Zip Code	IN	1	D	Y	Amount	
			•	1		ı]	
		_			_	_			

Page Total \$ ______2,400.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 \$ organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]