

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR A BETTER REYNOLDSBURG							
Full Name of Contributor GENE JOHNSON					Registration Number, if PAC		
Street Address 6899 E. MAIN ST		Employer/Occupation/Labor Organization* SELF EMPLOYED REALTOR			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State OH	Zip Code 43068	M 0	D 9	Y 06	Amount 500.00	
Full Name of Contributor GARY KNAPP					Registration Number, if PAC		
Street Address 1741 GRAHAM RD		Employer/Occupation/Labor Organization* COLUMBUS FIRE DEPT.			Form (Cash, Check, etc.) CASH		
City REYNOLDSBURG	State OH	Zip Code 43068	M 1	D 0	Y 10	Amount 100.00	
Full Name of Contributor ANN HULL					Registration Number, if PAC		
Street Address 100 LAKEVIEW CT		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City LOVELAND	State OH	Zip Code 45140	M 1	D 0	Y 25	Amount 500.00	
Full Name of Contributor CHARLES UNTERREINER					Registration Number, if PAC		
Street Address WYNSTONE DR		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CASH		
City LEWIS CENTER	State OH	Zip Code	M 1	D 1	Y 08	Amount 500.00	
Full Name of Contributor VARIOUS (ANONYMOUS) SENIOR CITIZENS					Registration Number, if PAC		
Street Address (PASSED THE HAT)		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CASH		
City REYNOLDSBURG	State OH	Zip Code 43068	M 1	D 0	Y 24	Amount 100.00	
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)]