

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR BERYL D. ANDERSON							
Full Name of Contributor WILLAM REYNOLDS II					Registration Number, if PAC		
Street Address 246 MARJORAM DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City GAHANNA		State OH	Zip Code 43230	M 0	D 3	Y 2	Amount \$25.00
Full Name of Contributor REYNOLDS EVENT MANAGEMENT , <i>Nannette Reynolds 100%</i>					Registration Number, if PAC		
Street Address 7671 FENWAY ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City NEW ALBANY		State OH	Zip Code 43054	M 0	D 3	Y 1	Amount \$50.00
Full Name of Contributor JAMES YOUNG					Registration Number, if PAC		
Street Address 4519 NORTHGATE ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City NEW ALBANY		State OH	Zip Code 43054	M 0	D 4	Y 0	Amount \$50.00
Full Name of Contributor ROBIN HARRIS					Registration Number, if PAC		
Street Address 6103 FOLLENSBY DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State OH	Zip Code 43081	M 0	D 4	Y 0	Amount \$25.00
Full Name of Contributor JOY MYERS					Registration Number, if PAC		
Street Address 533 MECHWART PLACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City GAHANNA		State OH	Zip Code 43230	M 0	D 4	Y 1	Amount \$100.00
Full Name of Contributor NIAGARA BOTTLING, LLC , <i>Derieth Sutton</i>					Registration Number, if PAC		
Street Address 2560 E. PHILEDELPHIA AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City ONTARIO		State CA	Zip Code 91761	M 0	D 4	Y 0	Amount \$500.00
Full Name of Contributor KEPHART & FISHER LLC , <i>David Fisher</i>					Registration Number, if PAC		
Street Address 207 NORTH FOURTH ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH	Zip Code 43215	M 0	D 4	Y 0	Amount \$1,200.00
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
		OH					

* 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 **\$1,950.00**