

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF REYNOLDSBURG SCHOOLS										
Full Name of Contributor COOPER STATE BANK						Registration Number, if PAC				
Street Address 6950 EAST MAIN STREET			Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK			
City REYNOLDSBURG		State OH	Zip Code 43068		M 0	D 5	Y 1	Y 9	Y 1	Amount \$50.00
Full Name of Contributor HUNTINGTON NATIONAL BANK						Registration Number, if PAC				
Street Address 41 S HIGH STREET			Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK			
City COLUMBUS		State OH	Zip Code 43215		M 0	D 5	Y 0	Y 6	Y 1	Amount \$500.00
Full Name of Contributor T-SHIRT SALES - VARIOUS INDIVIDUALS - \$10 EACH						Registration Number, if PAC				
Street Address 7244 E MAIN ST			Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CASH			
City REYNOLDSBURG		State OH	Zip Code 43068		M 0	D 5	Y 2	Y 1	Y 1	Amount \$140.00
Full Name of Contributor GORDON FLESCH COMPANY						Registration Number, if PAC				
Street Address 5655 VENTURE DRIVE			Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK			
City DUBLIN		State OH	Zip Code 43017		M 0	D 5	Y 2	Y 1	Y 1	Amount \$5,000.00
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	Y	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	Y	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	Y	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	Y	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)]