

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full SAVE REYNOLDSBURG SCHOOLS							
Full Name of Contributor CHRISTOPHER SMITH					Registration Number, if PAC		
Street Address 393 RAMBLING BROOK DR		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City PICKERINGTON	State O H	Zip Code 43147	M 0 3	D 2 8	Y 0 9	Amount 500.00	
Full Name of Contributor LEE GRAY					Registration Number, if PAC		
Street Address 548 RAMBLING BROOK DR		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City PICKERINGTON	State O H	Zip Code 43147	M 0 3	D 2 8	Y 0 9	Amount 500.00	
Full Name of Contributor PEPPLE & WAGGONER, LTD					Registration Number, if PAC		
Street Address 5005 OCKSIDE RD, STE 260		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City CLEVELAND	State O H	Zip Code 44131	M 0 3	D 2 8	Y 0 9	Amount 2,000.00	
Full Name of Contributor MOODY NOLAN, INC					Registration Number, if PAC		
Street Address 300 SPRUCE ST		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0 3	D 2 8	Y 0 9	Amount 2,000.00	
Full Name of Contributor JANELLE MORRISON					Registration Number, if PAC		
Street Address 243 WINDSOR DR		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 3	D 2 8	Y 0 9	Amount 100.00	
Full Name of Contributor ANNETTE NIJSSEN					Registration Number, if PAC		
Street Address 2828 SPINNAKER LOOP		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 3	D 2 8	Y 0 9	Amount 100.00	
Full Name of Contributor CATHERINE BREGAR					Registration Number, if PAC		
Street Address 7263 BRIDLESPUR LN		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City DELAWARE	State O H	Zip Code 43015	M 0 3	D 2 8	Y 0 9	Amount 100.00	
Full Name of Contributor LESLIE KELLY					Registration Number, if PAC		
Street Address 7410 DAUGHERTY RD		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 3	D 2 8	Y 0 9	Amount 50.00	

* 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 \$ 5,350.00