

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 JOE EBERST						Registration Number, if PAC	
Street Address 6550 ROCKY DEN RD		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CREDIT CARD		
City REYNOLDSBURG	State OH	Zip Code 43068	M 04	D 05	Y 10	Amount 10.00	
Full Name of Contributor KATIE EBERST						Registration Number, if PAC	
Street Address 6550 ROCKY DEN RD		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CREDIT CARD		
City REYNOLDSBURG	State OH	Zip Code 43068	M 04	D 05	Y 10	Amount 10.00	
Full Name of Contributor DREMA SCOTT						Registration Number, if PAC	
Street Address 936 MAHLE DR		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CREDIT CARD		
City REYNOLDSBURG	State OH	Zip Code 43068	M 04	D 07	Y 10	Amount 10.00	
Full Name of Contributor SANDIP PATEL						Registration Number, if PAC	
Street Address 8761 LINICK DR		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CREDIT CARD		
City REYNOLDSBURG	State OH	Zip Code 43068	M 04	D 12	Y 10	Amount 25.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CREDIT CARD		
City REYNOLDSBURG	State OH	Zip Code 43068	M	D	Y 10	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CREDIT CARD		
City REYNOLDSBURG	State OH	Zip Code 43068	M	D	Y 10	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CREDIT CARD		
City REYNOLDSBURG	State OH	Zip Code 43068	M	D	Y 10	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CREDIT CARD		
City REYNOLDSBURG	State OH	Zip Code 43068	M	D	Y 10	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)]