AMENDED 2/23/12

31-A
R.C. 3517.10

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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							Registration Number, if PAC	
CT CONSULTANTS								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
150 E CAMPUS VIEW BLVD STE 130							CHECK	
City	State	Zip Code	M	D	Y		Amount	
COLUMBUS	OH	43235	10	26	11		2500.00	
Full Name of Contributor							Registration Number, if PAC	
PNC BANK								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1900 EAST NINTH ST							CHECK	
City	State	Zip Code	M	D	Y		Amount	
CLEVELAND	OH	44114	11	08	11		250.00	
Full Name of Contributor							Registration Number, if PAC	
RICHARD HARRIS								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1100 BEDLINGTON CT	CITY OF REYNOLDSBURG						CHECK	
City	State	Zip Code	M	D	Y		Amount	
REYNOLDSBURG	OH	43068	08	31	11		500.00	
Full Name of Contributor							Registration Number, if PAC	
WILLIAM HILLS								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8175 PRIESTLEY DR	REYNOLDSBURG CITY COUNCIL						CHECK	
City	State	Zip Code	M	D	Y		Amount	
REYNOLDSBURG	OH	43068	08	29	11		500.00	
Full Name of Contributor							Registration Number, if PAC	
MATT ROTH								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
P.O. BOX 238	LAWYER/CITY OF REYNOLDSBURG						CHECK	
City	State	Zip Code	M	D	Y		Amount	
REYNOLDSBURG	OH	43068	09	07	11		500.00	
Full Name of Contributor							Registration Number, if PAC	
MEL CLEMENS								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6594 FIFTH	REYNOLDSBURG CITY COUNCIL						CHECK	
City	State	Zip Code	M	D	Y		Amount	
REYNOLDSBURG	OH	43068	09	21	11		250.00	
Full Name of Contributor							Registration Number, if PAC	
RICHARD HARRIS								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1100 BEDLINGTON CT	CITY OF REYNOLDSBURG/AUDITOR						CHECK/LOAN	
City	State	Zip Code	M	D	Y		Amount	
REYNOLDSBURG	OH	43068	09	21	11		500.00	
Full Name of Contributor							Registration Number, if PAC	
RENE RIMELSPACH								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4959 BERRY LEAF PL	RETIRED						CHECK	
City	State	Zip Code	M	D	Y		Amount	
HILLIARD	OH	43026	09	23	11		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 $ 5050.00