## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						,		
Citizens for a Better Reynoldsh	nito							
Full Name of Contributor			Registr	Registration Number, if PAC				
Charles Unterreiner					,			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Wynstone Dr	Retired				Cash			
City:	State	Zip Code	М	Ď	Ϋ́	Amount		
Lewis Center	OLH		111	0 8	111	500.00		
Name of Contributor				Registration Number, if PAC				
PNC Bank					•			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1900 E Ninth St					Check			
City	State	Zip Code	М	D	Y	Amount		
Cleveland	OLH	· ·	111	018	111	250.00		
Full Name of Contributor		111111			ber, if PA			
Street Address	Employer/Occu	<del>-</del>			Form (Cash, Check, etc.)			
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City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor			Registr	ation Nun	iber, if PA	\C		
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street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
Čity	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor	<u></u> !!	<del>'</del>	Registr	ation Nun	iber, if PA	AC		
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Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
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City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor			Registr	ation Nun	ber, if PA	AC		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
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City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor	!		Registr	ation Nun	ıber, if PA	AC .		
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
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	State	Zip Code	M	D	Y	Amount		
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Full Name of Contributor Registration Number, if PA						.C		
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Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
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City	State	Zip Code	М	D	Y	Amount		
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aguired for contributions from individuals area \$100 to state		11.1.4	16 1 . 1 . 1	++-	n and the	nome of the		

\* 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 \$ 750.00