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Statement of Contributions Received

Prescribed by Secretary of State 3/05

								
Name of Committee in Full								
REYNOLDSBURG CITIZENS FOR RES	SPONS	SIBLI	E GOVERNMENT			and the same of th		
Full Name of Contributor				Registra	tion Num	ber, if PA	С	
LAURA WILSON								
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check,	etc.)
1019 CELOSIA CT.							CHECK	
City	Stat	e	Zip Code	M	D	Y	Amount	
REYNOLDSBURG	0	Η	43068	0 4	1 6	0 9		30.00
Full Name of Contributor	a paramaja managa madan	ar je na kalendari sa samu sa sa ma			tion Num		.C	*****************
CHRISTINA CAVANAUGH								
Street Address	Employer	/Occupa	ation/Labor Organization*	<u> </u>			Form (Cash, Check,	etc.)
1611 BURKEY CT.		-					CHECK	
City	Sta	e	Zip Code	M	D	Y	Amount	
REYNOLDSBURG	0	Н	43068	014	3 0	ntal		25.00
Full Name of Contributor		***************************************	10000		tion Num		C.	2.0.00
JENNIFER MC ALLISTER						,	-	
Street Address	Employer	/Occurs	ation/Labor Organization*	<u> </u>	***************************************		Form (Cash, Check,	etc)
	Linployer	оссира	CONDUCTOR OF GAME ACTION				CHECK	(0.0.)
325 FALLRIVER DR.	Sta		Zip Code	М	D	Y	Amount	
	1	Н	1 -	I .	1 .		Amount	25.00
REYNOLDSBURG	0	11	43068	$0 \mid 4$				25.00
Full Name of Contributor				Registra	tion Num	ber, 11 PA	.C	
PATRICIA ROPER	T	100			***************************************	racejoujumentament	n (0 1 01 1	
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Check,	, etc.)
6882 NOCTURNE RD. N			·				CHECK	
City	Sta		Zip Code	М	D	Y	Amount	
REYNOLDSBURG	0	Н	43068	0 5		0 9		10.00
Full Name of Contributor				Registra	tion Num	ber, if PA	.C	
HELEN KATHERINE ZOLG								
Street Address	Employer	/Occupa	ntion/Labor Organization*				Form (Cash, Check,	, etc.)
1292 WESTPHAL AVE.							CASH	
City	Sta	te	Zip Code	М	D	Y	Amount	
COLUMBUS	0	Н	43227	0 5	0 4	0 9		10.00
Full Name of Contributor					tion Num		·C	
Street Address	Employer	/Occupa	ntion/Labor Organization*	- Brenner of the Control of the Cont			Form (Cash, Check	, etc.)
City	Sta	te	Zip Code	М	D	Y	Amount	
						1		
Full Name of Contributor	<u> </u>	VII. 400 CO. 100 CO. 1		Registra	tion Num	ber, if PA	.C	
				Ü		,		
Street Address	Employer	/Occupa	ation/Labor Organization*	- Committee and a second			Form (Cash, Check	. etc.)
office / Marious	Linpioyer	СССС					(0.00, 0.00)	,,
City	Sta	te.	Zip Code	M	D	ΙΥ	Amount	
Cny	1 31	ic	Zip Code	"		1	Anount	
Full Name of Contributor		***************************************		Decisto	tion Num	how if D A		
ruii Name of Contributor				Registra	uon ivuin	ber, ii r	ic	
A	In .	10					F /0 : 2: :	
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Check	, etc.)
	ļ		T			ı		
City	Sta	te	Zip Code	M	D	Y	Amount	
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* 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 \$	100.00