

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full REYNOLDSBURG CITIZENS FOR RESPONSIBLE GOVERNMENT							
Full Name of Contributor LAURA WILSON					Registration Number, if PAC		
Street Address 1019 CELOSIA CT.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 4	D 1 6	Y 0 9	Amount 30.00	
Full Name of Contributor CHRISTINA CAVANAUGH					Registration Number, if PAC		
Street Address 1611 BURKEY CT.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 4	D 3 0	Y 0 9	Amount 25.00	
Full Name of Contributor JENNIFER MC ALLISTER					Registration Number, if PAC		
Street Address 325 FALLRIVER DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 4	D 3 0	Y 0 9	Amount 25.00	
Full Name of Contributor PATRICIA ROPER					Registration Number, if PAC		
Street Address 6882 NOCTURNE RD. N		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 5	D 0 4	Y 0 9	Amount 10.00	
Full Name of Contributor HELEN KATHERINE ZOLG					Registration Number, if PAC		
Street Address 1292 WESTPHAL AVE.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City COLUMBUS	State O H	Zip Code 43227	M 0 5	D 0 4	Y 0 9	Amount 10.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 100.00