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## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

			-				
Name of Committee in Full Reynoldsburg Republican Cli	ub						
Full Name of Contributor Raffle Tickets			Registration	n Number, if PA	XC .		
Street Address	Employer/Occup	oation/Labor Organization*			Form (Cash, Check, etc.) cash		
City	State OH	Zip Code	0 6 2	D Y 5 1 4	Amount \$835.00		
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·	<u>,                                      </u>	Registration	n Number, if PA	AC .		
Raffle Tickets							
Street Address	Employer/Occup	ation/Labor Organization			Form (Cash, Check, etc.) cash		
City	State OH	Zip Code	0 7 2	D Y 3 1 4	Amount \$445.00		
Full Name of Contributor Raffle Tickets					Registration Number, if PAC		
Street Address	Employer/Occup	pation/Labor Organization*	. <u>•</u>		Form (Cash, Check, etc.)		
City	State OH	Zip Code	0 7 3	D Y 4	Amount \$260.00		
Full Name of Contributor			Registration	n Number, if PA	AC .		
Street Address	Employer/Occup	nation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D Y	Amount		
Full Name of Contributor			Registration	n Number, if P/	AC		
Street Address	Employer/Occup	pation/Labor Organization	•		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D Y	Amount		
Full Name of Contributor	Registration	Registration Number, if PAC					
Street Address	Employer/Occup	pation/Labor Organization*	··· • • • • • • • • • • • • • • • • • •		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D Y	Amount		
Full Name of Contributor	Registration	Registration Number, if PAC					
Street Address	Employer/Occup	pation/Labor Organization*		<u> </u>	Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D Y	Amount		
Full Name of Contributor	n Number, if Pa	AC					
Street Address	Employer/Occup	pation/Labor Organization*	•	<u></u>	Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	DY	Amount		

Page Total \$1,540.00

<sup>\*</sup> 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)]