

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to Improve Quality of Life for Reynoldsburg									
Full Name of Contributor Limited Brands						Registration Number, if PAC			
Street Address 3 Limited Parkway			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) elec. dep.			
City Columbus		State OH	Zip Code 43230		M 0	D 7	Y 1	Y 1	Amount 2500.00
Full Name of Contributor Stephen Ives						Registration Number, if PAC			
Street Address stephen.ives@ymcacolumbus.org			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) website			
City		State OH	Zip Code		M 0	D 8	Y 0	Y 1	Amount 100.00
Full Name of Contributor Fraternal Order of Police						Registration Number, if PAC			
Street Address 6800 Schrock Hill Ct.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check			
City Columbus		State OH	Zip Code 43229		M 0	D 8	Y 0	Y 8	Amount 750.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)			
City		State OH	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 OH	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 OH	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 OH	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 OH	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$3350**