

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Reynoldsburg Area Democrats PAC							
Full Name of Contributor Contributions Under \$25 Received at Event						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City	State	Zip Code	M	D	Y	Amount 301.00	
			0	8	2	8	1
			7				
Full Name of Contributor Tyrone Martin						Registration Number, if PAC	
Street Address 172 San Diego Dr		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Columbus	State O H	Zip Code 43213	M	D	Y	Amount 40.00	
			0	9	2	9	1
			7				
Full Name of Contributor Karen L Cruse						Registration Number, if PAC	
Street Address 989 Hillridge Rd		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg	State O H	Zip Code 43068	M	D	Y	Amount 25.00	
			0	9	2	9	1
			7				
Full Name of Contributor Arthur N Clausen						Registration Number, if PAC	
Street Address 4018 Courter Rd		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Pataskala	State O H	Zip Code 43082	M	D	Y	Amount 50.00	
			0	9	2	9	1
			7				
Full Name of Contributor Richard F Diewald						Registration Number, if PAC	
Street Address 6791 Bartlett Rd		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg	State O H	Zip Code 43068	M	D	Y	Amount 20.00	
			0	9	2	9	1
			7				
Full Name of Contributor Thomas R Waldeck						Registration Number, if PAC	
Street Address 1027 Peggys Cove		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg	State O H	Zip Code 43068	M	D	Y	Amount 100.00	
			0	9	2	9	1
			7				
Full Name of Contributor Nicodemus for Trustee						Registration Number, if PAC	
Street Address 1146 Carousel Dr E		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg	State O H	Zip Code 43068	M	D	Y	Amount 200.00	
			0	9	2	9	1
			7				
Full Name of Contributor Friends of Elizabeth Brown						Registration Number, if PAC	
Street Address 545 E Town St		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M	D	Y	Amount 100.00	
			0	9	2	9	1
			7				

* 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 \$ **836.00**