

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENDS OF REYNOLDSBURG SCHOOLS</b>									
Full Name of Contributor <b>SCHOTTENSTEIN ZOX &amp; DUNN</b>						Registration Number, if PAC			
Street Address <b>250 WEST STREET</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>			
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43215</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>	<b>5</b>	Amount <b>\$2,500.00</b>
Full Name of Contributor <b>ACCURATE ELECTRIC CONSTRUCTION, INC.</b>						Registration Number, if PAC			
Street Address <b>6901 AMERICANA PKWY</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>			
City <b>REYNOLDSBURG</b>		State <b>OH</b>	Zip Code <b>43068</b>		M <b>0</b>	D <b>3</b>	Y <b>0</b>	<b>5</b>	Amount <b>\$5,000.00</b>
Full Name of Contributor <b>PEPPLE &amp; WAGGONER, LTD</b>						Registration Number, if PAC			
Street Address <b>5005 ROCKSIDE RD</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>			
City <b>CLEVELAND</b>		State <b>OH</b>	Zip Code <b>44131</b>		M <b>0</b>	D <b>4</b>	Y <b>0</b>	<b>1</b>	Amount <b>\$5,000.00</b>
Full Name of Contributor <b>COTNER FUNERAL HOME</b>						Registration Number, if PAC			
Street Address <b>7369 E MAIN ST</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>			
City <b>REYNOLDSBURG</b>		State <b>OH</b>	Zip Code <b>43068</b>		M <b>0</b>	D <b>4</b>	Y <b>0</b>	<b>1</b>	Amount <b>\$300.00</b>
Full Name of Contributor <b>BRADLEY PAYNE LLC</b>						Registration Number, if PAC			
Street Address <b>171 MONTCLAIR AVE</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>			
City <b>CIRCLEVILLE</b>		State <b>OH</b>	Zip Code <b>43113</b>		M <b>0</b>	D <b>4</b>	Y <b>0</b>	<b>1</b>	Amount <b>\$200.00</b>
Full Name of Contributor <b>MODULAR BUILDING CONSULTANTS</b>						Registration Number, if PAC			
Street Address <b>P O BOX 30834</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>			
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43230</b>		M <b>0</b>	D <b>4</b>	Y <b>1</b>	<b>4</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>ROBERT BAIRD &amp; CO</b>						Registration Number, if PAC			
Street Address <b>4030 SMITH RD SUITE 100</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>			
City <b>CINCINNATI</b>		State <b>OH</b>	Zip Code <b>45209</b>		M <b>0</b>	D <b>4</b>	Y <b>1</b>	<b>4</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>BURGES &amp; BURGES</b>						Registration Number, if PAC			
Street Address <b>26100 LAKE SHORE RD</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>			
City <b>EUCLID</b>		State <b>OH</b>	Zip Code <b>44132</b>		M <b>0</b>	D <b>4</b>	Y <b>1</b>	<b>4</b>	Amount <b>\$750.00</b>

\* 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)]