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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	2000 de la companya d				***************	NATIONAL ASSESSMENT			
Vote 4 R Kids									
Full Name of Contributor						on Number, if PAC			
Reynoldsburg Support Association									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
6550 Rocky Den	Labor						Check		
City	Sta		Zip Code	M	D	Y	Amount		
Reynoldsburg Support Association	0	Н	43068	0 9	0 9	0 8	500.00		
Full Name of Contributor									
Reynoldsburg Education Association									
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
7935 Slate Ridge Road	Labor						Check		
City	St		Zip Code	М	D	Y	Amount		
Reynoldsburg	0	Н	43068	0 9	2 8	0 8	1,500.00		
Full Name of Contributor						ber, if PA			
Stephen D. Dackin									
Street Address	Employer/Occupation/Labor Organization*			Smarkerser	Pilo a Collection — a agriculturação de la		Form (Cash, Check, etc.)		
8733 Taylor Woods Drive	Occupation						Check		
City		ate	Zip Code	M	D	Y	Amount		
Reynoldsburg	0	H	43068	1 0	2 7	0 8	50.00		
Full Name of Contributor	***************************************	ALTERNATION OF THE SECOND		Registra	ation Nun	iber, if PA	C		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City	St	ate	Zip Code	M	D	Y	Amount		
	1								
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City	St	ate	Zip Code	М	D	Y	Amount		
Full Name of Contributor	-	gloria de colonia de propinsione		Registr	ation Nun	nber, if PA	AC .		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
City	St	tate	Zip Code	M	D	Y	Amount		
Full Name of Contributor				Registr	ation Nur	nber, if P	AC .		
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
City	Si	tate	Zip Code	M	D	Y	Amount		
						OM Inches			
Full Name of Contributor	AC								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
City	S	tate	Zip Code	M	D	Y	Amount		

Page Total \$ 2,050.00

^{*} 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)]