

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full RAIDER STRONG									
Full Name of Contributor LINDA BARRY							Registration Number, if PAC		
Street Address 1704 GRAHAM RD			Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG			State OH	Zip Code 43068		M 0	D 8	Y 1	Amount \$100.00
Full Name of Contributor TONYA PRYOR							Registration Number, if PAC		
Street Address 5177 SULGRAVE DR			Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK		
City NEW ALBANY			State OH	Zip Code 43054		M 1	D 0	Y 2	Amount \$75.00
Full Name of Contributor JAMES & CHRISTINE SMITH							Registration Number, if PAC		
Street Address 8334 PRIESTLEY DR			Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG			State OH	Zip Code 43068		M 1	D 0	Y 2	Amount \$600.00
Full Name of Contributor MISC CONTRUBUTORS UNDER \$25 EACH							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECKS		
City REYNOLDSBURG			State OH	Zip Code 43068		M 0	D 8	Y 1	Amount \$137.00
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

* 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)]