

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Reynoldsburg Republican Club									
Full Name of Contributor R K Kerns						Registration Number, if PAC			
Street Address 1902 Lake Shore Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43204		M 0	D 5	Y 0	Y 3	Amount \$100.00
Full Name of Contributor Billiejean Zimmers						Registration Number, if PAC			
Street Address 291 Bryn Du Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Granville		State OH	Zip Code 43023		M 0	D 5	Y 0	Y 2	Amount \$100.00
Full Name of Contributor Martin Boratyn						Registration Number, if PAC			
Street Address 46 Pinebrook Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State OH	Zip Code 43082		M 0	D 5	Y 0	Y 3	Amount \$50.00
Full Name of Contributor Carrie Keck						Registration Number, if PAC			
Street Address 6445 E Livingston Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 5	Y 0	Y 3	Amount \$100.00
Full Name of Contributor Gerald Welsh						Registration Number, if PAC			
Street Address 3792 Blue Water Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Powell		State OH	Zip Code 43065		M 0	D 5	Y 0	Y 3	Amount \$50.00
Full Name of Contributor Pamela Boratyn						Registration Number, if PAC			
Street Address 46 Pinebrook Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State OH	Zip Code 43082		M 0	D 5	Y 0	Y 3	Amount \$50.00
Full Name of Contributor Michael Igoe						Registration Number, if PAC			
Street Address 4681 Winterset Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43220		M 0	D 5	Y 0	Y 3	Amount \$100.00
Full Name of Contributor Les & Crystal Davies						Registration Number, if PAC			
Street Address 8907 Lupine Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 5	Y 0	Y 3	Amount \$100.00

*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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$650.00**