

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Reynoldsburg Republican Club												
Full Name of Contributor Joe Schuer						Registration Number, if PAC						
Street Address 103 Oakleaf Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash					
City Granville		State OH		Zip Code 43023		M 0		D 8		Y 0 5 1 4		Amount \$10.00
Full Name of Contributor Darrell Roar						Registration Number, if PAC						
Street Address 7365 Sabre Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash					
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 8		Y 0 5 1 4		Amount \$10.00
Full Name of Contributor Matt Stewart						Registration Number, if PAC						
Street Address 7868 Rodebaugh Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash					
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 8		Y 0 5 1 4		Amount \$10.00
Full Name of Contributor James Polley						Registration Number, if PAC						
Street Address 6609 Fusilier Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash					
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 9		Y 3 0 1 4		Amount \$10.00
Full Name of Contributor Raffle Tickets						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash					
City		State OH		Zip Code		M 0		D 9		Y 3 0 1 4		Amount \$315.00
Full Name of Contributor Raffle Tickets						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash					
City		State OH		Zip Code		M 1		D 0		Y 0 3 1 4		Amount \$265.00
Full Name of Contributor Raffle Tickets						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash					
City		State OH		Zip Code		M 1		D 2		Y 2 2 1 4		Amount \$420.00
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

* 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 **\$1,040.00**