

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Reynoldsburg Republican Club						
Full Name of Contributor Marshall A Spalding				Registration Number, if PAC		
Street Address 1940 Glenford Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 2	Y 2	Amount \$10.00
Full Name of Contributor Penny A Basye				Registration Number, if PAC		
Street Address 8785 Linick Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 2	Y 2	Amount \$20.00
Full Name of Contributor Bradley K Sinnott				Registration Number, if PAC		
Street Address 52 E Gay St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 2	Y 2	Amount \$10.00
Full Name of Contributor Nathan D Burd				Registration Number, if PAC		
Street Address 550 Shoal Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 2	Y 2	Amount \$20.00
Full Name of Contributor Mary E Burcham				Registration Number, if PAC		
Street Address 7575 Asden Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 5	Y 1	Amount \$10.00
Full Name of Contributor Roberta M Brudapast				Registration Number, if PAC		
Street Address 7378 Cherry Brook Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 5	Y 2	Amount \$10.00
Full Name of Contributor Les 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 2	Amount \$20.00
Full Name of Contributor From Form 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City OH	State	Zip Code	M	D	Y	Amount 4110.00

* 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)]