

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Truex									
Full Name of Contributor Scott Reidlinger						Registration Number, if PAC			
Street Address 922 McCarrick Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 8	
						Y 3		Y 1	
						Y 1		Y 5	
Amount \$20.00									
Full Name of Contributor Les Davies						Registration Number, if PAC			
Street Address 8907 Lupine Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 8	
						Y 3		Y 1	
						Y 1		Y 5	
Amount \$10.00									
Full Name of Contributor Ben Belhorn						Registration Number, if PAC			
Street Address 8444 Papillan Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 9	
						Y 0		Y 3	
						Y 1		Y 5	
Amount \$13.75									
Full Name of Contributor Jane Groves						Registration Number, if PAC			
Street Address 7170 E Main St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 9	
						Y 0		Y 3	
						Y 1		Y 5	
Amount \$3.44									
Full Name of Contributor Susan Reidlinger						Registration Number, if PAC			
Street Address 922 McCarrick Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 9	
						Y 0		Y 3	
						Y 1		Y 5	
Amount \$11.75									
Full Name of Contributor Margaret Luzny						Registration Number, if PAC			
Street Address 8742 Firstgate Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 9	
						Y 0		Y 3	
						Y 1		Y 5	
Amount \$13.00									
Full Name of Contributor Robert Truex						Registration Number, if PAC			
Street Address 5999 Bentgate Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43230		M 0		D 9	
						Y 0		Y 3	
						Y 1		Y 5	
Amount \$9.50									
Full Name of Contributor Mary Morgan						Registration Number, if PAC			
Street Address 8954 Lupine			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 9	
						Y 0		Y 3	
						Y 1		Y 5	
Amount \$10.50									

* 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 **\$91.94**