

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <i>Citizen's for a Better Reynoldsburg</i>									
Full Name of Contributor <i>Mark Fisher</i>					Registration Number, if PAC				
Street Address <i>400 S. Fifth St</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>		M <i>10</i>	D <i>05</i>	Y <i>11</i>	Amount <i>\$100</i>	
Full Name of Contributor <i>Gary Knapp</i>					Registration Number, if PAC				
Street Address <i>1741 Graham Rd</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>			
City <i>Reynoldsburg</i>		State <i>OH</i>	Zip Code <i>43088</i>		M <i>10</i>	D <i>10</i>	Y <i>11</i>	Amount <i>\$100</i>	
Full Name of Contributor <i>Ann Hull</i>					Registration Number, if PAC				
Street Address <i>100 Lakeview Ct</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>			
City <i>Loveland</i>		State <i>OH</i>	Zip Code <i>45140</i>		M <i>10</i>	D <i>25</i>	Y <i>11</i>	Amount <i>\$200</i>	
Full Name of Contributor <i>Charles Unterreiner</i>					Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M <i>11</i>	D <i>08</i>	Y <i>11</i>	Amount <i>\$500</i>	
Full Name of Contributor <i>Various Senior Citizens donated into hat</i>					Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>			
City		State	Zip Code		M <i>10</i>	D <i>24</i>	Y <i>11</i>	Amount <i>100</i>	
Full Name of Contributor					Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	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	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	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 900 0:00