

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

REESE FOR CONGRESS

ADDRESS (number and street) 545 E TOWN ST

Check if different than previously reported. (ACC)

COLUMBUS

OH

43215

2. **FEC IDENTIFICATION NUMBER** ▼

C C00505842

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

OH

12

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on MM / DD / YYYY

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 04 / 01 / 2012

through

MM / DD / YYYY 06 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jay Mitchell Moreland

Signature of Treasurer Jay Mitchell Moreland

[Electronically Filed]

Date

MM / DD / YYYY 07 / 13 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
REESE FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7250.00	7925.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7250.00	7925.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7133.89	8001.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	61.10	61.10
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7072.79	7940.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	231.06	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

REESE FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4150.00	4400.00
(ii) Unitemized.....	2100.00	2525.00
(iii) TOTAL of contributions from individuals ▶	6250.00	6925.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7250.00	7925.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	61.10	61.10
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	7311.10	7986.10

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7133.89	8001.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7133.89	8001.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	53.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7311.10
25. SUBTOTAL (add Line 23 and Line 24).....	7364.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7133.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	231.06

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Macy Block

Mailing Address 8581 Dunsinane Dr

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MTB DEVELOPMENT COMPANY	Occupation LAND DEVELOPER
---	------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2012

Transaction ID : SA11AI.4267

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Albert Gabel

Mailing Address 7190 Coffman Rd

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2012

Transaction ID : SA11AI.4341

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
E Marianne Gabel

Mailing Address 49 Forest Ave

City Delaware	State OH	Zip Code 43015
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Attorney
--------------------------	------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Melodee Kornacker

Mailing Address PO Box 218207

City Columbus State OH Zip Code 43221

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2012

Transaction ID : SA11AI.4487

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Karen Lee

Mailing Address 330 Clinton St
Apt C

City Columbus State OH Zip Code 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : SA11AI.4477

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dennis Obyc

Mailing Address 170 Ascot Ct

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer CROWE HORWATH LLP Occupation EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.4286

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

4150.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : SA11C.4526

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Avis Rent A Car		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 1917 Northwest Boulevard		Amount of Each Disbursement this Period 155.17 Transaction ID : SB17.4417
City Upper Arlington	State OH Zip Code 43212	
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Dreama Bogart		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 35 E Gay St		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4304
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Campaign Manager	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Dreama Bogart		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 35 E Gay St		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4318
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Campaign Manager	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	755.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dreama Bogart		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 35 E Gay St		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4329
City Columbus	State OH	
Zip Code 43215	Purpose of Disbursement Campaign Manager	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Dreama Bogart		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012
Mailing Address 35 E Gay St		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4366
City Columbus	State OH	
Zip Code 43215	Purpose of Disbursement Campaign Manager	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BP Oil		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 625 E Broad St		Amount of Each Disbursement this Period 62.00 Transaction ID : SB17.4298
City Columbus	State OH	
Zip Code 43205	Purpose of Disbursement Travel Expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1062.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BP Oil		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 625 E Broad St		Amount of Each Disbursement this Period 67.00
City Columbus	State OH	
Zip Code 43205	Purpose of Disbursement Travel Expense	Transaction ID : SB17.4308
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BP Oil		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 625 E Broad St		Amount of Each Disbursement this Period 5.00
City Columbus	State OH	
Zip Code 43205	Purpose of Disbursement Travel Expense	Transaction ID : SB17.4373
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BP Oil		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 625 E Broad St		Amount of Each Disbursement this Period 61.63
City Columbus	State OH	
Zip Code 43205	Purpose of Disbursement Travel Expense	Transaction ID : SB17.4377
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	133.63
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BP Oil		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 625 E Broad St		Amount of Each Disbursement this Period 14.78
City Columbus	State OH Zip Code 43205	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : SB17.4380
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. BP Oil		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012
Mailing Address 625 E Broad St		Amount of Each Disbursement this Period 8.75
City Columbus	State OH Zip Code 43205	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : SB17.4384
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. BP Oil		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 625 E Broad St		Amount of Each Disbursement this Period 15.01
City Columbus	State OH Zip Code 43205	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : SB17.4425
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	38.54
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BP Oil		Date of Disbursement MM / DD / YYYY 06 / 27 / 2012
Mailing Address 625 E Broad St		Amount of Each Disbursement this Period 48.30
City Columbus	State OH Zip Code 43205	
Purpose of Disbursement Travel Expense	Category/Type	Transaction ID : SB17.4469
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. David Donofrio		Date of Disbursement MM / DD / YYYY 05 / 08 / 2012
Mailing Address		Amount of Each Disbursement this Period 1200.00
City	State Zip Code	
Purpose of Disbursement Outreach Consulting	Category/Type	Transaction ID : SB17.4316
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Hot Cards		Date of Disbursement MM / DD / YYYY 05 / 30 / 2012
Mailing Address 27 E 5th Ave		Amount of Each Disbursement this Period 225.24
City Columbus	State OH Zip Code 43201	
Purpose of Disbursement Printing	Category/Type	Transaction ID : SB17.4416
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1473.54
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kroger		Date of Disbursement MM / DD / YYYY 06 / 11 / 2012
Mailing Address 1350 North High Street		Amount of Each Disbursement this Period \$ 52.00 Transaction ID : SB17.4443
City Columbus	State OH Zip Code 43201	
Purpose of Disbursement Travel Expense	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Speedway		Date of Disbursement MM / DD / YYYY 05 / 31 / 2012
Mailing Address 4240 Morse Rd		Amount of Each Disbursement this Period \$ 61.19 Transaction ID : SB17.4422
City Columbus	State OH Zip Code 43230	
Purpose of Disbursement Travel Expense	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Speedway		Date of Disbursement MM / DD / YYYY 06 / 12 / 2012
Mailing Address 4240 Morse Rd		Amount of Each Disbursement this Period \$ 53.74 Transaction ID : SB17.4454
City Columbus	State OH Zip Code 43230	
Purpose of Disbursement Travel Expense	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 166.93
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Speedway		Date of Disbursement MM / DD / YYYY 06 / 21 / 2012
Mailing Address 4240 Morse Rd		Amount of Each Disbursement this Period 11.25
City Columbus	State OH Zip Code 43230	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : SB17.4466
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	11.25
TOTAL This Period (last page this line number only).....	3641.06