

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 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) X 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 through MM/DD/YYYY 07/01/2012 through 09/30/2012

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 10/15/2012

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
REESE FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

	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))....	8810.00	1580.00
(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)).....	8810.00	1580.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3890.74	1418.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	1.24	85.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3889.50	1333.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5151.56	
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).....	400.00	1000.00
(ii) Unitemized.....	3260.00	580.00
(iii) TOTAL of contributions from individuals ▶	3660.00	1580.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5150.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8810.00	1580.00
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.)	1.24	85.00
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)..... ▶	8811.24	1665.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3890.74	1418.69
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) ►	3890.74	1418.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	231.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8811.24
25. SUBTOTAL (add Line 23 and Line 24).....	9042.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3890.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5151.56

**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 21
	<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)
James Shelby

Mailing Address 556 City Park Ave

City Columbus State OH Zip Code 43215

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

Name of Employer Self Occupation Lawyer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2012

Transaction ID : SA11AI.4602

Amount of Each Receipt this Period
100.00

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

Mailing Address 3399 Mill Run Dr

City Beaver creek State OH Zip Code 45432

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2012

Transaction ID : SA11AI.4561

Amount of Each Receipt this Period
300.00

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).....

400.00

400.00

**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 21
	<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	

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial)
BAKERY CONFECTIONERY TOBACCO WKRS & GRAIN MILLERS INT'L UNION LOCAL 19 POL ORG 'BCTGM'

Mailing Address 9665 ROCKSIDE AVENUE

City State Zip Code
CLEVELAND OH 44125

FEC ID number of contributing federal political committee. **C** C00249359

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date 150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : SA11C.4605

Amount of Each Receipt this Period
 150.00

Full Name (Last, First, Middle Initial)
UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE (UNITED ASSOCIATION OF JOURNEYMEN AND APP

Mailing Address THREE PARK PLACE

City State Zip Code
ANNAPOLIS MD 21401

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA11C.4623

Amount of Each Receipt this Period
 5000.00

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).....	5150.00
TOTAL This Period (last page this line number only).....	5150.00

**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 7 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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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 07 / 16 / 2012
Mailing Address 625 E Broad St		Amount of Each Disbursement this Period 51.05
City Columbus	State OH	
Zip Code 43205	Purpose of Disbursement Travel Expense	Transaction ID : SB17.4679
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 07 / 23 / 2012
Mailing Address 625 E Broad St		Amount of Each Disbursement this Period 30.00
City Columbus	State OH	
Zip Code 43205	Purpose of Disbursement Travel Expense	Transaction ID : SB17.4639
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. Capitol Square Printing		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address 59 East Gay Street		Amount of Each Disbursement this Period 90.74
City Columbus	State OH	
Zip Code 43215	Purpose of Disbursement Printing	Transaction ID : SB17.4643
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).....	171.79
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 8 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Certified Oil		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 74 Mound St		Amount of Each Disbursement this Period 62.92
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : SB17.4646
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. Certified Oil		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 74 Mound St		Amount of Each Disbursement this Period 62.15
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : SB17.4647
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. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 111.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Candidate Name	Transaction ID : SB17.4721
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	236.07
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 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 32.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Category/Type	Transaction ID : SB17.4664
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. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 148.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Category/Type	Transaction ID : SB17.4720
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. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 8.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Category/Type	Transaction ID : SB17.4663
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).....	188.00
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 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 37.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Candidate Name	Transaction ID : SB17.4719
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. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 24.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Candidate Name	Transaction ID : SB17.4662
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. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 8.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Candidate Name	Transaction ID : SB17.4661
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	69.00
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 11 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 296.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Candidate Name	Transaction ID : SB17.4718
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. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 8.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Candidate Name	Transaction ID : SB17.4666
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. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 8.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Candidate Name	Transaction ID : SB17.4665
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	312.00
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 12 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fifth Third Bank			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012	
Mailing Address 21 E STATE ST			Amount of Each Disbursement this Period 37.00	
City Columbus	State OH	Zip Code 43215	Transaction ID : SB17.4723	
Purpose of Disbursement Service Charge		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. Fifth Third Bank			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012	
Mailing Address 21 E STATE ST			Amount of Each Disbursement this Period 8.00	
City Columbus	State OH	Zip Code 43215	Transaction ID : SB17.4669	
Purpose of Disbursement Service Charge		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. Fifth Third Bank			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012	
Mailing Address 21 E STATE ST			Amount of Each Disbursement this Period 24.00	
City Columbus	State OH	Zip Code 43215	Transaction ID : SB17.4668	
Purpose of Disbursement Service Charge		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).....	69.00
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 13 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 8.00 Transaction ID : SB17.4667
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	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. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 8.00 Transaction ID : SB17.4671
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	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. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 8.00 Transaction ID : SB17.4670
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	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)	24.00
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 14 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 8.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Candidate Name	Transaction ID : SB17.4673
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. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 8.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Candidate Name	Transaction ID : SB17.4672
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. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 17.50
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Candidate Name	Transaction ID : SB17.4735
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	33.50
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 15 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fifth Third Bank			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012		
Mailing Address 21 E STATE ST			Amount of Each Disbursement this Period 17.50		
City Columbus	State OH	Zip Code 43215	Transaction ID : SB17.4736		
Purpose of Disbursement Service Charge		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. Fifth Third Bank			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012		
Mailing Address 21 E STATE ST			Amount of Each Disbursement this Period 3.00		
City Columbus	State OH	Zip Code 43215	Transaction ID : SB17.4767		
Purpose of Disbursement Service Charge		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. Get Go			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012		
Mailing Address 2845 North High Street			Amount of Each Disbursement this Period 62.13		
City Columbus	State OH	Zip Code 43202	Transaction ID : SB17.4682		
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).....	82.63
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 16 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kroger			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012		
Mailing Address 1350 North High Street			Amount of Each Disbursement this Period 20.00		
City Columbus	State OH	Zip Code 43201	Transaction ID : SB17.4692		
Purpose of Disbursement Meeting 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. Kroger			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012		
Mailing Address 1350 North High Street			Amount of Each Disbursement this Period 53.60		
City Columbus	State OH	Zip Code 43201	Transaction ID : SB17.4690		
Purpose of Disbursement Meeting 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) c. Kroger			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012		
Mailing Address 1350 North High Street			Amount of Each Disbursement this Period 25.37		
City Columbus	State OH	Zip Code 43201	Transaction ID : SB17.4691		
Purpose of Disbursement Meeting 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).....	98.97
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 17 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kroger			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012		
Mailing Address 1350 North High Street			Amount of Each Disbursement this Period 35.45		
City Columbus	State OH	Zip Code 43201	Transaction ID : SB17.4694		
Purpose of Disbursement Meeting 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. Kroger			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012		
Mailing Address 1350 North High Street			Amount of Each Disbursement this Period 3.37		
City Columbus	State OH	Zip Code 43201	Transaction ID : SB17.4695		
Purpose of Disbursement Meeting 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) c. Kroger			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012		
Mailing Address 1350 North High Street			Amount of Each Disbursement this Period 38.81		
City Columbus	State OH	Zip Code 43201	Transaction ID : SB17.4693		
Purpose of Disbursement Meeting 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).....	77.63
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 18 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kroger			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012		
Mailing Address 1350 North High Street			Amount of Each Disbursement this Period 54.94		
City Columbus	State OH	Zip Code 43201	Transaction ID : SB17.4700		
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. Kroger			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2012		
Mailing Address 1350 North High Street			Amount of Each Disbursement this Period 196.84		
City Columbus	State OH	Zip Code 43201	Transaction ID : SB17.4696		
Purpose of Disbursement Meeting 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) c. Kroger			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012		
Mailing Address 1350 North High Street			Amount of Each Disbursement this Period 26.69		
City Columbus	State OH	Zip Code 43201	Transaction ID : SB17.4698		
Purpose of Disbursement Meeting 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).....	278.47
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 19 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kroger		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address 1350 North High Street		Amount of Each Disbursement this Period 8.99 Transaction ID : SB17.4697
City Columbus	State OH	
Zip Code 43201	Purpose of Disbursement Meeting 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. Kroger		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 1350 North High Street		Amount of Each Disbursement this Period 7.38 Transaction ID : SB17.4699
City Columbus	State OH	
Zip Code 43201	Purpose of Disbursement Meeting 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) c. Kroger		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2012
Mailing Address 1350 North High Street		Amount of Each Disbursement this Period 55.63 Transaction ID : SB17.4701
City Columbus	State OH	
Zip Code 43201	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).....	72.00
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 20 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mary Kelley's Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012	
Mailing Address 7148 Muirfield Drive			Amount of Each Disbursement this Period 121.70	
City Dublin	State OH	Zip Code 43017	Transaction ID : SB17.4707	
Purpose of Disbursement Meeting 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. Meijer			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2012	
Mailing Address 5555 Cleveland Avenue			Amount of Each Disbursement this Period 52.36	
City Columbus	State OH	Zip Code 43231	Transaction ID : SB17.4716	
Purpose of Disbursement Office Supplies		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. Pilot			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012	
Mailing Address 488 State Route 61			Amount of Each Disbursement this Period 63.80	
City Marengo	State OH	Zip Code 43334	Transaction ID : SB17.4727	
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).....	237.86
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 21 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Speedway		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address 4240 Morse Rd		Amount of Each Disbursement this Period 99.17 Transaction ID : SB17.4738
City Columbus	State OH	
Zip Code 43230	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. Speedway		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address 4240 Morse Rd		Amount of Each Disbursement this Period 45.98 Transaction ID : SB17.4739
City Columbus	State OH	
Zip Code 43230	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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	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).....	99.17
TOTAL This Period (last page this line number only).....	2050.09