

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

X

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

M M / D D / Y Y Y Y

in the State of

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

X

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

11 / 06 / 2012

in the State of

OH

5. Covering Period

M M / D D / Y Y Y Y

10 / 18 / 2012

through

M M / D D / Y Y Y Y

11 / 26 / 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

M M / D D / Y Y Y Y

12 / 04 / 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))....	2080.00	21130.00
(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)).....	2080.00	21130.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2496.37	20380.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	520.00	371.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1976.37	20009.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	213.38	
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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

REESE FOR CONGRESS

Report Covering the Period: From: 10 / 18 / 2012 To: 11 / 26 / 2012

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 06 / 2012 (date of general election)	COLUMN C Total for 11 / 07 / 2012 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
0.00	5700.00	0.00
(ii) Unitemized		
80.00	6280.00	15.00
(iii) Total of contributions from individuals		
80.00	11980.00	15.00
(b) Political Party Committees		
2000.00	2000.00	0.00
(c) Other Political Committees		
0.00	7150.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
2080.00	21130.00	15.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
520.00	371.48	212.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
2600.00	21501.48	227.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 16

Write or Type Committee Name

REESE FOR CONGRESS

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

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
2496.37	20380.81	1380.60
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 16

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

2496.37	20380.81	1380.60
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

2080.00	21130.00	15.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

1976.37	20009.33	1168.60
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	109.75
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	2600.00
25. SUBTOTAL (add Line 23 and Line 24).....	2709.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2496.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	213.38

**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 16
	<input type="checkbox"/> 11a 12 <input checked="" 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)
OHIO DEMOCRATIC PARTY

Mailing Address **340 EAST FULTON STREET**

City **COLUMBUS** State **OH** Zip Code **43215**

FEC ID number of contributing federal political committee. **C C00016899**

Name of Employer _____ Occupation _____

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
11 / 06 / 2012

Transaction ID : SA11B.4879

Amount of Each Receipt this Period
 _____ 2000.00

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).....

_____ 2000.00

_____ 2000.00

**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 8 OF 16
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Fifth Third Bank

Mailing Address 21 E STATE ST

City Columbus State OH Zip Code 43215

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **317.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA14.4935

Amount of Each Receipt this Period
148.00

Refund

B. Full Name (Last, First, Middle Initial)
Fifth Third Bank

Mailing Address 21 E STATE ST

City Columbus State OH Zip Code 43215

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **354.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA14.4936

Amount of Each Receipt this Period
37.00

Refund

C. Full Name (Last, First, Middle Initial)
Fifth Third Bank

Mailing Address 21 E STATE ST

City Columbus State OH Zip Code 43215

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **212.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2012

Transaction ID : SA14.4923

Amount of Each Receipt this Period
111.00

Refund

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

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

296.00

296.00

**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 9 OF 16			
	<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	

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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 11 / 09 / 2012
Mailing Address 35 E Gay St		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4871
City Columbus	State OH	
Purpose of Disbursement Campaign Manager	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. Dreama Bogart		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2012
Mailing Address 35 E Gay St		Amount of Each Disbursement this Period 140.00 Transaction ID : SB17.4883
City Columbus	State OH	
Purpose of Disbursement Campaign Manager	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. Dreama Bogart		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012
Mailing Address 35 E Gay St		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4884
City Columbus	State OH	
Purpose of Disbursement Campaign Manager	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)	780.00
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 16	
	<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 10 / 29 / 2012
Mailing Address 625 E Broad St		Amount of Each Disbursement this Period 51.68
City Columbus	State OH Zip Code 43205	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : SB17.4891
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 11 / 02 / 2012
Mailing Address 625 E Broad St		Amount of Each Disbursement this Period 45.71
City Columbus	State OH Zip Code 43205	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : SB17.4900
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. Crazy Goat		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address Creekside Plaza		Amount of Each Disbursement this Period 10.25
City Gahanna	State OH Zip Code 43230	
Purpose of Disbursement Meeting Expense	Candidate Name	Transaction ID : SB17.4888
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	107.64
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 16			
	<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. Crazy Goat			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012	
Mailing Address Creekside Plaza			Amount of Each Disbursement this Period 11.70	
City Gahanna	State OH	Zip Code 43230	Transaction ID : SB17.4889	
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. Crazy Goat			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012	
Mailing Address Creekside Plaza			Amount of Each Disbursement this Period 7.65	
City Gahanna	State OH	Zip Code 43230	Transaction ID : SB17.4890	
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. Fifth Third Bank			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012	
Mailing Address 21 E STATE ST			Amount of Each Disbursement this Period 74.00	
City Columbus	State OH	Zip Code 43215	Transaction ID : SB17.4894	
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).....	93.35
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 16			
	<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 10 / 30 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 111.00 Transaction ID : SB17.4896
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	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. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 74.00 Transaction ID : SB17.4895
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	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. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 32.00 Transaction ID : SB17.4937
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	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).....	217.00
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 16			
	<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 11 / 02 / 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 : SB17.4939
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 11 / 05 / 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	Category/Type	Transaction ID : SB17.4938
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 11 / 05 / 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	Category/Type	Transaction ID : SB17.4940
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 14 OF 16			
	<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. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 111.00 Transaction ID : SB17.4941
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. Kroger		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address 1350 North High Street		Amount of Each Disbursement this Period 55.11 Transaction ID : SB17.4892
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:		

Full Name (Last, First, Middle Initial) c. McTigue & McGinnis LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address 545 E Town St		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4872
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Legal Services	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).....	766.11
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 16			
	<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
Mailing Address 4240 Morse Rd		M M / D D / Y Y Y Y 10 / 22 / 2012
City Columbus	State OH	Zip Code 43230
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 56.44
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:	Category/ Type	

Full Name (Last, First, Middle Initial) B. Speedway		Date of Disbursement
Mailing Address 4240 Morse Rd		M M / D D / Y Y Y Y 10 / 29 / 2012
City Columbus	State OH	Zip Code 43230
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 2.67
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:	Category/ Type	

Full Name (Last, First, Middle Initial) c. Speedway		Date of Disbursement
Mailing Address 4240 Morse Rd		M M / D D / Y Y Y Y 11 / 05 / 2012
City Columbus	State OH	Zip Code 43230
Purpose of Disbursement Meeting Expense	Candidate Name	Amount of Each Disbursement this Period 54.32
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:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	113.32
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 16			
	<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
Mailing Address 4240 Morse Rd		M M / D D / Y Y Y Y 11 / 05 / 2012
City Columbus	State OH	Zip Code 43230
Purpose of Disbursement Travel Expense	Amount of Each Disbursement this Period 43.98	
Candidate Name	Transaction ID : SB17.4906	
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:	Category/Type	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Amount of Each Disbursement this Period	
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:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Amount of Each Disbursement this Period	
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	43.98
TOTAL This Period (last page this line number only).....	2190.51