

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF RAMONA REYES				
Full Name of Contributor FRIENDS FOR GINTNER			Registration Number, if PAC	
Street Address 545 E. TOWN ST.	Employer/Occupation/Labor Organization*		M D Y 09 18 13	Amount 1000.00
City COLUMBUS	State OH	Zip Code 43215	Form (Cash, Check, etc.) CK	
Full Name of Contributor ISRAEL & TRACY NAJERA			Registration Number, if PAC	
Street Address 890 PIPESTONE DR	Employer/Occupation/Labor Organization*		M D Y 09 18 13	Amount 50.00
City COLUMBUS	State OH	Zip Code 43235	Form (Cash, Check, etc.) CK	
Full Name of Contributor MARY BAKER			Registration Number, if PAC	
Street Address 2142 STAGHORN WAY	Employer/Occupation/Labor Organization*		M D Y 09 18 13	Amount 20.00
City COLUMBUS (GROVE CITY)	State OH	Zip Code 43123	Form (Cash, Check, etc.) CK	
Full Name of Contributor STILETTOS & LINGERIE BOUTIQUE			Registration Number, if PAC	
Street Address P.O. Box 248472	Employer/Occupation/Labor Organization*		M D Y 09 18 13	Amount 50.00
City COLUMBUS	State OH	Zip Code 43224	Form (Cash, Check, etc.) CK	
Full Name of Contributor COMMITTEE TO ELECT BRYAN STEWARD			Registration Number, if PAC	
Street Address 33 N. HIGH ST. STE 702	Employer/Occupation/Labor Organization*		M D Y 09 17 13	Amount 200.00
City COLUMBUS	State OH	Zip Code 43215	Form (Cash, Check, etc.) CK	
Full Name of Contributor JAIME SIERRA			Registration Number, if PAC	
Street Address 3015 BARFIELD PL	Employer/Occupation/Labor Organization*		M D Y 09 18 13	Amount 100.00
City COLUMBUS	State OH	Zip Code 43209	Form (Cash, Check, etc.) CK	
Full Name of Contributor ELIZABETH MARTINEZ			Registration Number, if PAC	
Street Address 1480 DOBSON SQ. N	Employer/Occupation/Labor Organization*		M D Y 09 18 13	Amount 50.00
City COLUMBUS	State OH	Zip Code 43229	Form (Cash, Check, etc.) CK	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

3745	-
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Total expenditures this event.

-0	-
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Page Total \$ 1470.00