

## 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          |                                         | Registration Number, if PAC |                          |
| DWAUN S. COX                      |                                         |                             |                          |
| Street Address                    | Employer/Occupation/Labor Organization* | M   D   Y                   | Amount                   |
| 603 BERKLEY RD                    |                                         | 02   27   09                | 100.00                   |
| City                              | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| COLUMBUS                          | OH                                      | 43205                       | CHECK                    |
| Full Name of Contributor          |                                         | Registration Number, if PAC |                          |
| GIVEN L. & DEANNA M. TAYLOR       |                                         |                             |                          |
| Street Address                    | Employer/Occupation/Labor Organization* | M   D   Y                   | Amount                   |
| 4460 HAYDEN FALLS DR.             |                                         | 02   27   09                | 50.00                    |
| City                              | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| COLUMBUS                          | OH                                      | 43221                       | CHECK                    |
| Full Name of Contributor          |                                         | Registration Number, if PAC |                          |
| KENLY BOGGS                       |                                         |                             |                          |
| Street Address                    | Employer/Occupation/Labor Organization* | M   D   Y                   | Amount                   |
| P.O. BOX 91043                    |                                         | 02   27   09                | 50.00                    |
| City                              | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| COLUMBUS                          | OH                                      | 43209                       | CHECK                    |
| Full Name of Contributor          |                                         | Registration Number, if PAC |                          |
| LAURA WAGNER & DANIEL C. REYNOLDS |                                         |                             |                          |
| Street Address                    | Employer/Occupation/Labor Organization* | M   D   Y                   | Amount                   |
| 45 GLENCOE RD                     |                                         | 02   27   09                | 50.00                    |
| City                              | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| COLUMBUS                          | OH                                      | 43214                       | CHECK                    |
| Full Name of Contributor          |                                         | Registration Number, if PAC |                          |
| GREGORY C. SCHULTZ                |                                         |                             |                          |
| Street Address                    | Employer/Occupation/Labor Organization* | M   D   Y                   | Amount                   |
| 676 1/2 N. HIGH ST. APT. 15       |                                         | 02   27   09                | 50.00                    |
| City                              | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| COLUMBUS                          | OH                                      | 43214                       | CHECK                    |
| Full Name of Contributor          |                                         | Registration Number, if PAC |                          |
| MARILYN & ERIC BROWN              |                                         |                             |                          |
| Street Address                    | Employer/Occupation/Labor Organization* | M   D   Y                   | Amount                   |
| 34 W. POPLAR AVE.                 |                                         | 02   27   09                | 100.00                   |
| City                              | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| COLUMBUS                          | OH                                      | 43215                       | CHECK                    |
| Full Name of Contributor          |                                         | Registration Number, if PAC |                          |
| ISRAEL NATEIRA                    |                                         |                             |                          |
| Street Address                    | Employer/Occupation/Labor Organization* | M   D   Y                   | Amount                   |
| 890 PIPESTONE DR                  |                                         | 02   27   09                | 150.00                   |
| City                              | State                                   | Zip Code                    | Form (Cash, Check, etc.) |
| COLUMBUS                          | OH                                      | 43235                       | CHECK                    |

\* 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

\$0.00  
\$2815.00

Total expenditures this event.

\$0.00  
\$0.00

\$550.00  
Page Total \$ 0.00