

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Reynoldsburg Republican Club							
Full Name of Contributor Daphne Hawk				Registration Number, if PAC			
Street Address 2374 White Road		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 45.00
City Grove City		State O H	Zip Code 43123	Form(Cash,Check,etc) Check			
Full Name of Contributor Richard Hudson				Registration Number, if PAC			
Street Address 1080 Tiffany Drive		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 90.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor David Keseg				Registration Number, if PAC			
Street Address 8330 Keseg Way		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 45.00
City Blacklick		State O H	Zip Code 43004	Form(Cash,Check,etc) Check			
Full Name of Contributor Craig Baldwin				Registration Number, if PAC			
Street Address 1642 Londondale Parkway		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 45.00
City Newark		State O H	Zip Code 43055	Form(Cash,Check,etc) Check			
Full Name of Contributor James O'Grady				Registration Number, if PAC			
Street Address 9231 Echo Hill Court		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 45.00
City Columbus		State O H	Zip Code 43240	Form(Cash,Check,etc) Check			
Full Name of Contributor Donald Fritz				Registration Number, if PAC			
Street Address 100 Wickfield Road		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 50.00
City Blacklick		State O H	Zip Code 43004	Form(Cash,Check,etc) Check			
Full Name of Contributor Pat Zollars				Registration Number, if PAC			
Street Address 6118 Westerville Road		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 90.00
City Westerville		State O H	Zip Code 43081	Form(Cash,Check,etc) 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 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

3,440.00

Total expenditures this event

2,493.92

Page Total \$ **410.00**