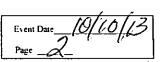
## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05



	sacround by Secretary of State 45/45	
Name of Committee in Full FRIENDS OF RAMU	GAR REVES	
Full Name of Contributor	0000	Domestica Number (CDAC
	NER	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y 3 Amount 250,00
33 E, 211PIE X		
COLUMBUS	State 2ip Code 43215	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
JOSE S. VILLA		
Street Address 1418 PRESTON GROW	Employer/Occupation/Labor Organization*	100513 500,00
City /1.0 0 1 /	State Zip Code	Form (Cash, Check, etc.)
CALLEY	NC 1275/3	CK
Full Name of Contributor	` '	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y <sub>I</sub> Amount
1467 RUNAWAY BAY DA	R APT, AL	10 03/3 850,00
City (1.6) (1.1.01.0	State Zip Code	Form (Cash, Check, etc.)
COMMISUS	1 9H 1 45204	
Full Name of Contributor  BRATEST WOOD FR	•	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
P. 0 1 1204 859	State / Zip Code	100813 100, 00
" SYRACUSE	NY 13214	CK
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
Street Address	In it is a second	M D Y Amount
Sitter Address	Employer/Occupation/Labor Organization*	
City	Sta te Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
, and a contraction		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Sta te Zip Code	Form (Cash, Check, etc.)
		I Basinasiaa Vambas if BAC
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Sta te Zip Code	Form (Cash, Check, etc.)
* Required for contributions from individuals over \$100 to statewide	and General Assembly candidates. If contributor i	s self-employed, the occupation and the name of
the individual's business, if any, rather than employer should be liste labor organization of which the employees are members, if any, mus		deduction and exceed the aggregate of \$100, the
napor organization or which the employees are members, it any, mas	a mos appear, [reset 50 resto(17), 17]	

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 No. 31-E" and list the date of the event in the date column

ii die date coldiiii		
Total contributions this event		Total expenditures this event.
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Page Total \$