

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 WILLIAM + KAREN CONNER			Registration Number, if PAC	
Street Address 55 E. STATE ST	Employer/Occupation/Labor Organization*		M D Y 10 11 13	Amount 250.00
City COLUMBUS	State OH	Zip Code 43215	Form (Cash, Check, etc.) CK	
Full Name of Contributor JOSE S. VILLA			Registration Number, if PAC	
Street Address 1418 PRESTON GROVE	Employer/Occupation/Labor Organization*		M D Y 10 05 13	Amount 500.00
City CARY	State NC	Zip Code 27513	Form (Cash, Check, etc.) CK	
Full Name of Contributor EMERALD HERNANDEZ			Registration Number, if PAC	
Street Address 1467 RUNAWAY BAY DR APT. A1	Employer/Occupation/Labor Organization*		M D Y 10 03 13	Amount 250.00
City COLUMBUS	State OH	Zip Code 43204	Form (Cash, Check, etc.) CK	
Full Name of Contributor ERNEST WOOD JR			Registration Number, if PAC	
Street Address P.O. BOX 854	Employer/Occupation/Labor Organization*		M D Y 10 08 13	Amount 100.00
City SYRACUSE	State NY	Zip Code 13214	Form (Cash, Check, etc.) CK	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	

* 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

2550 -

Total expenditures this event.

- 0 -

Page Total \$ 1100.00