

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Reynoldsburg Republican Club				
Full Name of Contributor Doug Joseph			Registration Number, if PAC	
Street Address 9250 Huggins Lane	Employer/Occupation/Labor Organization* Reyn. Council President		M 0	D 4
City Reynoldsburg	State OH	Zip Code 43068	Y 0	Amount \$100.00
Full Name of Contributor Matthew Roth			Registration Number, if PAC	
Street Address 13184 Brandon Circle	Employer/Occupation/Labor Organization* City of Reynoldsburg		M 0	D 4
City Pickerington	State OH	Zip Code 43147	Y 0	Amount \$100.00
Full Name of Contributor Joe Bizjak			Registration Number, if PAC	
Street Address 1003 Sandrock Ave.	Employer/Occupation/Labor Organization*		M 0	D 4
City Reynoldsburg	State OH	Zip Code 43068	Y 0	Amount \$50.00
Full Name of Contributor Pamela Boratyn			Registration Number, if PAC	
Street Address 46 Pinebrooke Dr.	Employer/Occupation/Labor Organization*		M 0	D 4
City Westerville	State OH	Zip Code 43082	Y 0	Amount \$100.00
Full Name of Contributor Citizens for Stephanie McCloud			Registration Number, if PAC	
Street Address 14 E. Gay Street	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$850.00
Full Name of Contributor Roberta Brudapest			Registration Number, if PAC	
Street Address 7378 Cherry Brook Dr.	Employer/Occupation/Labor Organization*		M 0	D 4
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount \$25.00
Full Name of Contributor Lane Beougher			Registration Number, if PAC	
Street Address 7991 Bellow Park Dr.	Employer/Occupation/Labor Organization*		M 0	D 4
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount \$50.00

* 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

\$5,275.00

Total expenditures this event.

\$2,667.44

Page Total \$ 1,275.00