

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 Marshall A Spalding			Registration Number, if PAC	
Street Address 1940 Glenford Ct	Employer/Occupation/Labor Organization*		M D Y 0 4 3 0 1 3	Amount \$180.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Daniel J Skinner			Registration Number, if PAC	
Street Address 5340 E Main St Ste 208	Employer/Occupation/Labor Organization*		M D Y 0 5 0 9 1 3	Amount \$135.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Donald L Fritz			Registration Number, if PAC	
Street Address 100 Wickfield Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 2 9 1 3	Amount \$90.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) check	
Full Name of Contributor Edwin L Skeens			Registration Number, if PAC	
Street Address 1113 Westwood Ave	Employer/Occupation/Labor Organization*		M D Y 0 4 3 0 1 3	Amount \$45.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor Penny A Basye			Registration Number, if PAC	
Street Address 8785 Linick Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 0 6 1 3	Amount \$90.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor SM Archer			Registration Number, if PAC	
Street Address 7150 E Main St Ste 103	Employer/Occupation/Labor Organization*		M D Y 0 4 2 9 1 3	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Richard E Harris			Registration Number, if PAC	
Street Address 1100 Bedlington Ct	Employer/Occupation/Labor Organization*		M D Y 0 5 3 0 1 3	Amount \$90.00
City Reynoldsburg	State OH	Zip Code 43068	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 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

4110.00

Total expenditures this event.

2768.14

Page Total \$ 680.00