

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 Nathan Burd					Registration Number, if PAC		
Street Address 550 Shoal Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	2 9 1 1	270.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Catherine Phillips					Registration Number, if PAC		
Street Address 7095 Golding Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	2 9 1 1	45.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Committee to Elect Brad McCloud					Registration Number, if PAC		
Street Address 52 E. Gay Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	2 9 1 1	360.00
City Columbus	State O H	Zip Code 43216		Form(Cash,Check,etc) Check			
Full Name of Contributor Anne Gonzales					Registration Number, if PAC		
Street Address 335 Wildwood Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	2 9 1 1	45.00
City Westerville	State O H	Zip Code 43081		Form(Cash,Check,etc) Check			
Full Name of Contributor Jack Etheridge					Registration Number, if PAC		
Street Address 3668 Medbrook Way N		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	2 9 1 1	45.00
City Columbus	State O H	Zip Code 43214		Form(Cash,Check,etc) Check			
Full Name of Contributor Christopher Long					Registration Number, if PAC		
Street Address 1675 Haft Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	2 9 1 1	360.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor M-E Companies PAC					Registration Number, if PAC 000378752		
Street Address 635 Brooksedge Blvd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	2 9 1 1	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 \$ 1 215.00