<b>Statement of Contributions Received</b>	
at a Social or Fund-Raising Event	

4	
Event Date 10/16/09	?
Page	

Pro	escribed by Secretary	of State 03/05		
Name of Committee in Full MEGRADY FOR REYNOLDS	BURG	Council-AT	- LARGE	
TRAN & YVONNE WATSO			Registration Number, if PAC	
Street Address 1210 RESERVE DRIVE	Employer/Occupation/Labor Organization*  (D/S STATE/EDUC		M D Y Amount 100	
REYNOLDSBURG	Staj te OH	Zip Code 43068	Form (Cash, Check, etc.)	
ROBERT W. CROSBY U	Registration Number, if PAC			
Street Address 1520 THURELL RD.	Employer/Occupation/Labor Organization* RETIRED		M. D. Y Am.	30.00
Columbus	State OH	Zip Code 43229	CHECK	
Full Name of Contributor  LILLIAN FENDERSON	Registration Number, if PAC			
Street Address 2809 KINGSROWE CT	RETT	on/Labor Organization*	101609 \$	75,00
city Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.)	
Full Name of Contributor PRESTON STEARNS	Registration Number, if PAC			
Street Address 1020 MATTERHORN DR	RET	on/Labor Organization*	1016094	200 , 00
City REYNOLDS BURG	State OH	Zip Code 43068	Form (Cash, Check, etc.)	
RON & CINDIE ROBERSU	Registration Number, if PAC			
Street Address 9785 MEADOW WOOD DR	STATE	on/Labor Organization*.  OF OHTO/RET.	1016098	40,00
City PICKERING TON	OH.	Zip Code 43147	Form (Cash, Check, etc.)  CHECK	
SEFFREY & ANGIE BING	Registration Number, if PAC			
Street Address 1/8900 TAYLOR WOODS DR	Employer/Occupati	on/Labor Organization* RUCTION	1016094	140,00
REYNOLDSBURG	OH _	Zip Code 43068	Form (Cash, Check, etc.)  CK & CASH	a december
Full Name of Contributor BRENDA BELL	Registration Number, it PAC			
Full Name of Contributor  GLEN BRENDA BELL  Street Address  572 SADDLE TREE	Employer/Occupation/Labor Organization*			100.00
REYNOLDSBURG	OH	43068	Form (Cash, Check, etc.)	
* Required for contributions from individuals over \$100 to statewid the individual's business, if any, rather than employer should be list labor organization of which the employees are members, if any, mu	ed. If two or more	employees contribute via payrol	is self-employed, the occupation and exceed the agging the agging the second in the se	on and the name of gregate of \$100, the
Fill in the boxes below only on the last page for this event.			Some Some No. 23 To and that t	ha data of the avent

REYNOLDSBURG	OH	43068	CASH	
* Required for contributions from individuals over \$100 the individual's business, if any, rather than employer sl labor organization of which the employees are member.	hould be listed. If two or more e	mployees contribute via payro	r is self-employed, the o ill deduction and exceed	ecupation and the name of the aggregate of \$100, the
Fill in the boxes below only on the last page for this ever Transfer the Total contributions for this event to form No in the date column	nt. o. 31-A. Under Full Name of Co	ontributor state "Contributions	from form No. 31-E" ar	nd list the date of the event
Total contributions this event		Total expenditures this eve	nt.	
0.00		00	Page	Total \$ 625.00