31-E
R.C. 3517.10(B)

Event Date 6/13/09
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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	Street Address	City	State	Zip Code	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Date (M D Y)	Amount	Form (Cash, Check, etc.)
ROBERT P. LEE	1223 RICHMOND RD	LYNDHURST	OH	44124			06 12 09	100.00	CHECK
FLORENTINA STAIGERS	1344 W. 6TH AVE. APT. C	COLUMBUS	OH	43212			06 13 09	50.00	CHECK
ALYCIA & GABRIEL CASSINI	3754 HEATHERGLEN DR.	COLUMBUS	OH	43221			06 13 09	75.00	CHECK
MICHAEL W. MAYLE	707 SHERIDAN AVE APT. C	BEXLEY	OH	43209			06 13 09	50.00	CHECK
ANN L. MITCHELL	3706 EASTON LOOP W.	COLUMBUS	OH	43219			06 13 09	100.00	CHECK
NICHOLAS D. TORRES	315 N. HIGH ST. APT. 33	COLUMBUS	OH	43215			06 13 09	100.00	CHECK
GEOFFREY GIDDINGS	29 OAKLAND CT.	SPRINGFIELD	OH	45505			06 13 09	50.00	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
~~$0.00~~
$800.00

Total expenditures this event.
~~$0.00~~
$0.00

Page Total $ ~~$525.00~~ $0.00