

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 Penny Basye				Registration Number, if PAC			
Street Address 8785 Linick Drive		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 90.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Donna Glenn				Registration Number, if PAC			
Street Address 6099 Headly Road		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 45.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Robert Cook				Registration Number, if PAC			
Street Address 8170 Priestley Drive		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 90.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Richard Harris				Registration Number, if PAC			
Street Address 1100 Bedlington Court		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 45.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Stephen Dackin				Registration Number, if PAC			
Street Address 8733 Taylor Woods Blvd.		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 45.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Susan Dackin				Registration Number, if PAC			
Street Address 8733 Taylor Woods Blvd.		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 45.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor William Hills				Registration Number, if PAC			
Street Address 8175 Priestley Drive		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 90.00
City Reynoldsburg	State O H	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 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 \$ **450.00**