

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 TEACHERS FOR BETTER SCHOOLS				Registration Number, if PAC	
Street Address 929 E. BROAD ST.		Employer/Occupation/Labor Organization*		M 09	D 24
City COLUMBUS		State OH	Zip Code 43205	Y 09	Amount 2,000.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor CONSUELO & DAVID KICKBUSCH				Registration Number, if PAC	
Street Address 7528 STRAY HORSE AVE		Employer/Occupation/Labor Organization*		M 10	D 12
City LAS VEGAS, NV		State OH	Zip Code 89113	Y 09	Amount 500.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor ELIZABETH & LUIS ARCARDE				Registration Number, if PAC	
Street Address 283 BREVOORT RD		Employer/Occupation/Labor Organization*		M 10	D 12
City COLUMBUS		State OH	Zip Code 43214	Y 09	Amount 200.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor RICHARD & KIMBERLY GONZALEZ				Registration Number, if PAC	
Street Address 812 MILL WIND DR		Employer/Occupation/Labor Organization*		M 09	D 24
City WESTERVILLE		State OH	Zip Code 43082	Y 09	Amount 100.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor JOSUE VICENTE				Registration Number, if PAC	
Street Address 5398 COUNTRY MEADOW CT		Employer/Occupation/Labor Organization*		M 10	D 12
City WESTERVILLE		State OH	Zip Code 43082	Y 09	Amount 100.00
Form (Cash, Check, etc.) CASH					
Full Name of Contributor CONTRIBUTORS OF \$25 OR LESS				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 10	D 12
City		State OH	Zip Code	Y 09	Amount 165.00
Form (Cash, Check, etc.) CASH/CHECK					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

* 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

\$3,465

Total expenditures this event.

\$0.00

\$3,065
 Page Total \$ **\$0.00**