

Statement of Contributions Received
at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Reynoldsburg Republican Club					
Full Name of Contributor Bob Campbell			Registration Number, if PAC		
Street Address 6612 Singletree Drive	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0918
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, etc.) PayPal		Amount \$50.00
Full Name of Contributor Keith Faber			Registration Number, if PAC		
Street Address 7706 St. Rt. 703	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1018
City Celina	State OH	Zip Code 45822	Form (Cash, Check, etc.) PayPal		Amount \$50.00
Full Name of Contributor Andrew Bowers			Registration Number, if PAC		
Street Address 612 N. Park St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1018
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) PayPal		Amount \$100.00
Full Name of Contributor Zach Crawford			Registration Number, if PAC		
Street Address 4679 Winterset Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1218
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) PayPal		Amount \$50.00
Full Name of Contributor Dominic Ciano			Registration Number, if PAC		
Street Address 1978 luka Ave.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1218
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) PayPal		Amount \$50.00
Full Name of Contributor Kevin Kerns			Registration Number, if PAC		
Street Address 1902 Lake Shore Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1218
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check		Amount \$200.00
Full Name of Contributor Patrick Mahaffey			Registration Number, if PAC		
Street Address 8135 Reynoldswood Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1218
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check		Amount \$50.00

* 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

\$6,300.00

Total expenditures this event.

\$3,167.90

Page Total \$550.00