

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 Nathan Burd				Registration Number, if PAC	
Street Address 550 Shoal Ct	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		Amount \$45.00
Full Name of Contributor Chris Long				Registration Number, if PAC	
Street Address 1475 Haft Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		Amount \$360.00
Full Name of Contributor Bradley Sinnott				Registration Number, if PAC	
Street Address 52 E Gay St	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$135.00
Full Name of Contributor Richard Harris				Registration Number, if PAC	
Street Address 1100Bedlington Ct	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		Amount \$45.00
Full Name of Contributor Jo Ann Davidson				Registration Number, if PAC	
Street Address 6639 Forrester Way	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		Amount \$45.00
Full Name of Contributor Shirley Archer				Registration Number, if PAC	
Street Address 7150 E Main St, D103	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		Amount \$45.00
Full Name of Contributor James Mahaffey				Registration Number, if PAC	
Street Address 8135 Reynoldswood Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		Amount \$45.00

* 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

\$2,475.00

Total expenditures this event.

\$1,886.68

Page Total \$ **\$720.00**