

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 Christopher J Long			Registration Number, if PAC	
Street Address 1675 Haft Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 3 0 1 3	Amount \$360.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Smith & Hale LLC			Registration Number, if PAC	
Street Address 37 W Broad StSte725	Employer/Occupation/Labor Organization*		M D Y 0 5 0 1 1 3	Amount \$45.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Montgomery Consulting Group			Registration Number, if PAC	
Street Address 37 W Broad St	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 3	Amount \$45.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Ringle for Enginner			Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M D Y 0 5 0 2 1 3	Amount \$90.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Wm L Hills			Registration Number, if PAC	
Street Address 8175 Priestley	Employer/Occupation/Labor Organization*		M D Y 0 5 0 4 1 3	Amount \$90.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	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

4110.00

Total expenditures this event.

2768.14

Page Total \$ 630.00