

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 Gary James			Registration Number, if PAC	
Street Address 555 Lancaster Ave	Employer/Occupation/Labor Organization*		M 0	D 6
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount \$50.00
Full Name of Contributor Tiberi For Congress			Registration Number, if PAC C003474920	
Street Address 2931 E Dublin Granville Rd	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43231	Y 0	Amount \$50.00
Full Name of Contributor Edwin & Judith French			Registration Number, if PAC	
Street Address 1113 Westwood Ave	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43212	Y 0	Amount \$50.00
Full Name of Contributor Frank Tarr			Registration Number, if PAC	
Street Address 2566 Lakebridge Ln	Employer/Occupation/Labor Organization*		M 0	D 6
City Hilliard	State OH	Zip Code 43026	Y 0	Amount \$50.00
Full Name of Contributor Roberta M Brudapast			Registration Number, if PAC	
Street Address 7378 Cherry Brook Dr	Employer/Occupation/Labor Organization*		M 0	D 6
City Reynoldsburg	State OH	Zip Code 43068	Y 0	Amount \$50.00
Full Name of Contributor Valoria C Hoover			Registration Number, if PAC	
Street Address 5972 Dunheath Loop	Employer/Occupation/Labor Organization*		M 0	D 6
City Dublin	State OH	Zip Code 43016	Y 0	Amount \$100.00
Full Name of Contributor Nathan D & Jolen Burd			Registration Number, if PAC	
Street Address 550 Shoal Ct	Employer/Occupation/Labor Organization*		M 0	D 6
City Reynoldsburg	State OH	Zip Code 43068	Y 0	Amount \$100.00

* 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

\$3,140.00

Total expenditures this event.

\$1,930.09

Page Total \$ **\$450.00**