

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

Prescribed by Secretary of State 03/05

Event Date 5/16/12

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Name of Committee in Full Reynoldsburg Republican Club					
Full Name of Contributor Robert Cook				Registration Number, if PAC	
Street Address 8170 Priestley	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2
City Reynoldsburg	State OH	Zip Code 43068	Amount \$90.00		
Form (Cash, Check, etc.) check					
Full Name of Contributor James Watkins				Registration Number, if PAC	
Street Address 83 Shull Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2
City Gahanna	State OH	Zip Code 43231	Amount \$90.00		
Form (Cash, Check, etc.) check					
Full Name of Contributor Barth Cotner				Registration Number, if PAC	
Street Address 1862 Drugan Ct	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2
City Reynoldsburg	State OH	Zip Code 43068	Amount \$90.00		
Form (Cash, Check, etc.) check					
Full Name of Contributor Bill Balash				Registration Number, if PAC	
Street Address 8109 Priestley	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2
City Reynoldsburg	State OH	Zip Code 43068	Amount \$90.00		
Form (Cash, Check, etc.) check					
Full Name of Contributor Valeria Hoover				Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2
City Columbus	State OH	Zip Code 43206	Amount \$360.00		
Form (Cash, Check, etc.) check					
Full Name of Contributor TERREINER				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2
City	State OH	Zip Code	Amount \$90.00		
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor Monica DeBrock				Registration Number, if PAC	
Street Address 7400 Bryden Rd	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2
City Reynoldsburg	State OH	Zip Code 43068	Amount \$45.00		
Form (Cash, Check, etc.) cash					

* 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 \$ **\$855.00**