

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 Lucinda Balach			Registration Number, if PAC		
Street Address 8109 Priestly Dr.	Employer/Occupation/Labor Organization* FC BOE		M 0	D 4	Y 1 2 1 8
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Timothy Keck			Registration Number, if PAC		
Street Address 766 Northwest Blvd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1 2 1 8
City Grandview Heights	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Mara White			Registration Number, if PAC		
Street Address 41 Runkle Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1 2 1 8
City Etna	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Committee for Olivia Parkinson			Registration Number, if PAC		
Street Address 523 Mt. Vernon Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1 2 1 8
City Newark	State OH	Zip Code 43055	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Pamela Boratyn			Registration Number, if PAC		
Street Address 46 Pinebrooke Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1 2 1 8
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Martin Boratyn			Registration Number, if PAC		
Street Address 46 Pinebrooke Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1 2 1 8
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Pat Zollars			Registration Number, if PAC		
Street Address 6928 Retton Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1 2 1 8
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