

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

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF RAMONA REYES				
Full Name of Contributor ROBERTO DIENER + JACQUELINE PAIRES			Registration Number, if PAC	
Street Address 816 N. OAKLAND ST. APT. 202	Employer/Occupation/Labor Organization*		M   D   Y 08   29   09	Amount 30.00
City ARLINGTON, VA	State OH	Zip Code 22203	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BETTY + HERBERT DRUMMOND			Registration Number, if PAC	
Street Address 5742 JARDIN PL	Employer/Occupation/Labor Organization*		M   D   Y 08   18   09	Amount 50.00
City COLUMBUS	State OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL MAYHE			Registration Number, if PAC	
Street Address 707 SHERIDAN AVE APT. C	Employer/Occupation/Labor Organization*		M   D   Y 08   29   09	Amount 50.00
City BEXLEY	State OH	Zip Code 43209	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ROBERT HANDLEMAN + MARY F. KILROY			Registration Number, if PAC	
Street Address 3100 MIDGARD RD	Employer/Occupation/Labor Organization*		M   D   Y 08   29   09	Amount 200.00
City COLUMBUS	State OH	Zip Code 43202	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOAN PEREZ			Registration Number, if PAC	
Street Address 149 GLEN ABBEY	Employer/Occupation/Labor Organization*		M   D   Y 08   29   09	Amount 100.00
City POWERL	State OH	Zip Code 43065	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DWIGHT GARNER			Registration Number, if PAC	
Street Address 895 BEECH ST	Employer/Occupation/Labor Organization*		M   D   Y 08   29   09	Amount 50.00
City COLUMBUS	State OH	Zip Code 43206	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KAREN GUNDERMAN			Registration Number, if PAC	
Street Address 792 S. WASHINGTON AVE	Employer/Occupation/Labor Organization*		M   D   Y 08   29   09	Amount 35.00
City COLUMBUS	State OH	Zip Code 43206	Form (Cash, Check, etc.) CHECK	

\* 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

\$0.00

Total expenditures this event.

\$0.00

\$ 515.00

Page Total \$ 0.00