

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 Toni Leibhart				Registration Number, if PAC	
Street Address 7471 Smithfield Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Reynoldsburg	State OH	Zip Code 43068	Amount \$45.00	Form (Cash, Check, etc.) cash	
Full Name of Contributor Greta Stake				Registration Number, if PAC	
Street Address 28 Dellenbaugh Loop	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Pataskala	State OH	Zip Code 43062	Amount \$45.00	Form (Cash, Check, etc.) cash	
Full Name of Contributor Larry Flowers				Registration Number, if PAC	
Street Address 421 Waterloo St	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Canal Winchester	State OH	Zip Code 43010	Amount \$45.00	Form (Cash, Check, etc.) cash	
Full Name of Contributor Bradley K Sinnott				Registration Number, if PAC	
Street Address 52 E Gay St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$90.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Sharon Reichard				Registration Number, if PAC	
Street Address 2427 Marthas Wood	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0
City Grove City	State OH	Zip Code 43123	Amount \$90.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Lucinda K Balach				Registration Number, if PAC	
Street Address 8109 Priestley Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0
City Reynoldsburg	State OH	Zip Code 43068	Amount \$145.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Jennifer French				Registration Number, if PAC	
Street Address 961 Woodsedge Ln	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0
City Westerville	State OH	Zip Code 43081	Amount \$45.00	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

4110.00

Total expenditures this event.

2768.14

Page Total \$ 5505.00