

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				Registration Number, if PAC		
Full Name of Contributor MICHAEL J. HARSZLAK				Registration Number, if PAC		
Street Address 3806 RIVERVIEW DR.	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS	State OH	Zip Code 43221	0	6	13	50.00
Form (Cash, Check, etc.) CHECK						
Full Name of Contributor JOAN K. MILSTEAD				Registration Number, if PAC		
Street Address 1601 DELAND AVE	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS	State OH	Zip Code 43214	0	6	13	50.00
Form (Cash, Check, etc.) CHECK						
Full Name of Contributor MICHAEL J. CHARBACK				Registration Number, if PAC		
Street Address 4240 PRESERVATION AVE	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City NEW ALBANY	State OH	Zip Code 43054	0	6	13	50.00
Form (Cash, Check, etc.) CHECK						
Full Name of Contributor TIMOTHY J. COTTER				Registration Number, if PAC		
Street Address 92 NORTHRIDGE RD	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS	State OH	Zip Code 43214	0	6	13	100.00
Form (Cash, Check, etc.) CHECK						
Full Name of Contributor CONTRIBUTORS OF \$25 OR LESS				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code	0	6	13	25.00
Form (Cash, Check, etc.) CASH						
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code				
Form (Cash, Check, etc.)						
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code				
Form (Cash, Check, etc.)						

* 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
\$800.00

Total expenditures this event.

\$0.00
\$0.00

\$275.00
\$0.00
Page Total \$