

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 Patrick Zollars				Registration Number, if PAC			
Street Address 6928 Retton Rd		Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2	Amount \$90.00
City Reynoldsburg		Sta te OH	Zip Code 43068	Form (Cash, Check, etc.) check			
Full Name of Contributor Dan Reichard				Registration Number, if PAC			
Street Address 2427 Marthas Wood		Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2	Amount \$90.00
City Grove City		Sta te OH	Zip Code 43123	Form (Cash, Check, etc.) check			
Full Name of Contributor Doug Joseph Election Fund				Registration Number, if PAC			
Street Address 9250 Huggins Ln		Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2	Amount \$90.00
City Reynoldsburg		Sta te OH	Zip Code 43068	Form (Cash, Check, etc.) check			
Full Name of Contributor Penny Bayse				Registration Number, if PAC			
Street Address 8785 Linick Dr		Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2	Amount \$90.00
City Reynoldsburg		Sta te OH	Zip Code 43068	Form (Cash, Check, etc.) check			
Full Name of Contributor Nathan Burd				Registration Number, if PAC			
Street Address 550Shoal Ct		Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2	Amount \$90.00
City Reynoldsburg		Sta te OH	Zip Code 43068	Form (Cash, Check, etc.) check			
Full Name of Contributor Kyle Zapliski				Registration Number, if PAC			
Street Address 943 Cobblegate Ln		Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2	Amount \$90.00
City Reynoldsburg		Sta te OH	Zip Code 43068	Form (Cash, Check, etc.) check			
Full Name of Contributor Brad McCloud				Registration Number, if PAC			
Street Address 912 Rosehill Rd		Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 6 1 2	Amount \$360.00
City Reynoldsburg		Sta te OH	Zip Code 43068	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

\$2,475.00

Total expenditures this event.

\$1,886.68

Page Total \$ **\$900.00**