



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

Form 31-E
R.C. 3517.10(B)

| | | | | |
|-------------------------------------------------------------------------------|--|------------------------------------------------|-----------------------------------------------|----------------------------------------|
| Full Name of Committee FRIENDS OF RAINLUND REYES | | | | |
| Full Name of Contributor DANIEL ALEXANDER THOMPSON DMC PAC | | | Registration Number, if PAC LA 1267 | |
| Street Address 800 17th Street Dr | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/13/2017 |
| City COLUMBUS | | State OH | Zip Code 43229 | Amount \$2,500.00 |
| Form (Cash, Check, Etc) CK | | | | |
| Full Name of Contributor CENTRAL FID REYNOLDS POLITICAL ACTION COMM | | | Registration Number, if PAC | |
| Street Address 2703 AIRPORT DR | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 08/30/2017 |
| City COLUMBUS | | State OH | Zip Code 43219 | Amount \$1,500.00 |
| Form (Cash, Check, Etc) CK | | | | |
| Full Name of Contributor BRANDI MARTIN | | | Registration Number, if PAC | |
| Street Address 911 CONESTOGA DR | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 10/07/2017 |
| City COLUMBUS | | State OH | Zip Code 43213 | Amount \$75.00 |
| Form (Cash, Check, Etc) CK | | | | |
| Full Name of Contributor HENRY + NYDIA GLENNAN | | | Registration Number, if PAC | |
| Street Address 5119 ELDER DR | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 10/05/2017 |
| City COLUMBUS | | State OH | Zip Code 43213 | Amount \$100.00 |
| Form (Cash, Check, Etc) CK | | | | |
| Full Name of Contributor PARKER FOR THE BOARD | | | Registration Number, if PAC | |
| Street Address 323 WINT AVE APT 100 | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/22/2017 |
| City COLUMBUS | | State OH | Zip Code 43215 | Amount \$2,000.00 |
| Form (Cash, Check, Etc) CK | | | | |

* 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
\$6,175.00

Total Expenditures This Event
\$276.00

Page Total \$6,175.00