

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 Amy Natoce			Registration Number, if PAC	
Street Address 7330 Deer Valley Xing	Employer/Occupation/Labor Organization*		M 0	D 4
City Powell	State OH	Zip Code 43065	Y 1	Amount \$50.00
Full Name of Contributor Carolyn Gorup			Registration Number, if PAC	
Street Address 9177 Firstgate Dr.	Employer/Occupation/Labor Organization*		M 0	D 4
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount \$50.00
Full Name of Contributor Citizens for Mingo			Registration Number, if PAC	
Street Address 12364 Thoroughbred Dr.	Employer/Occupation/Labor Organization*		M 0	D 4
City Pickerington	State OH	Zip Code 43147	Y 1	Amount \$100.00
Full Name of Contributor Carrie Keck			Registration Number, if PAC	
Street Address 1852 Tournament Way	Employer/Occupation/Labor Organization*		M 0	D 4
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$100.00
Full Name of Contributor Citizens for Scott Ryan			Registration Number, if PAC	
Street Address PO Box 4605	Employer/Occupation/Labor Organization*		M 0	D 4
City Newark	State OH	Zip Code 43058	Y 1	Amount \$50.00
Full Name of Contributor Kathleen Medley			Registration Number, if PAC	
Street Address 8109 Priestley Dr.	Employer/Occupation/Labor Organization*		M 0	D 4
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount \$50.00
Full Name of Contributor Ryan Andrews			Registration Number, if PAC	
Street Address 5500 New Albany Rd.	Employer/Occupation/Labor Organization*		M 0	D 4
City New Albany	State OH	Zip Code 43054	Y 1	Amount \$100.00

* 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

\$5,275.00

Total expenditures this event.

\$2,667.44Page Total \$ **\$500.00**