

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				
Full Name of Contributor RYONDA JOHNSON			Registration Number, if PAC	
Street Address 5588 QUEENS PARK DR	Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 9	Amount 100.00
City DUBLIN	State OH	Zip Code 43016	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CHRISTINA MASER			Registration Number, if PAC	
Street Address 1966 DRURY LN	Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 9	Amount 50.00
City COLUMBUS	State OH	Zip Code 43235	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SUZANNE & MARK HATCH			Registration Number, if PAC	
Street Address 4189 ROWANNE RD	Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 9	Amount 50.00
City COLUMBUS	State OH	Zip Code 43214	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor STEPHEN KEYES + LAUREN BONFIELD			Registration Number, if PAC	
Street Address 206 N. DREXEL AVE	Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 9	Amount 50.00
City BEXLEY	State OH	Zip Code 43209	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KAREN & DOROTHY ANDERMILLS			Registration Number, if PAC	
Street Address 6142 APPLGATE LN	Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 9	Amount 50.00
City COLUMBUS	State OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL & LAURA PERRY			Registration Number, if PAC	
Street Address 4511 CENTRAL COLLEGE RD.	Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 9	Amount 50.00
City WESTERVILLE	State OH	Zip Code 43081	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor TRACYSHA SHEPPARD CHENEY			Registration Number, if PAC	
Street Address 6488 GREENSWARD RD	Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 9	Amount 50.00
City NEW ALBANY	State OH	Zip Code 43054	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

\$0.00

Total expenditures this event.

\$0.00

\$400.00
\$0.00
Page Total \$