

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 Dan Hawkins				Registration Number, if PAC		
Street Address 8119 Barlow Rd.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 1 2 1 8
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Christa Colasante				Registration Number, if PAC		
Street Address 696 Wilke Place		Employer/Occupation/Labor Organization*		M 0	D 4	Y 1 2 1 8
City Gahann		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Bill Creedon				Registration Number, if PAC		
Street Address 3744 Lyon Dr.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 1 2 1 8
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Bill Sampson				Registration Number, if PAC		
Street Address 1089 Ashcraft Ave.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 1 2 1 8
City Blacklick		State OH	Zip Code 43004	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Brad Sinnott				Registration Number, if PAC		
Street Address 52 E. Gay St.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 1 2 1 8
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Penny Basye				Registration Number, if PAC		
Street Address 8765 Linick Dr.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 1 2 1 8
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check		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	Y 1 2 1 8
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check		Amount \$50.00

* 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

\$6,300.00

Total expenditures this event.

\$3,167.90

Page Total \$

\$400.00