

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 Wm L & Janis L Hills			Registration Number, if PAC	
Street Address 8175 Priestley Dr	Employer/Occupation/Labor Organization*		M 0	D 6
City Reynoldsburg	State OH	Zip Code 43068	Y 0	Amount \$100.00
Full Name of Contributor J Wesley & Ellen R Hall			Registration Number, if PAC	
Street Address 2235 Orange Lake Dr	Employer/Occupation/Labor Organization*		M 0	D 6
City Lewis Center	State OH	Zip Code 43035	Y 0	Amount \$100.00
Full Name of Contributor Benjamin M & Jacalena M Jewel			Registration Number, if PAC	
Street Address 1783 Nothwest Blvd	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43212	Y 1	Amount \$50.00
Full Name of Contributor Troy H Vennon			Registration Number, if PAC	
Street Address 5213 Echelon Dr	Employer/Occupation/Labor Organization*		M 0	D 6
City Canal Winchester	State OH	Zip Code 43110	Y 0	Amount \$100.00
Full Name of Contributor Ryan M Andrews			Registration Number, if PAC	
Street Address 7188 Greenery Ct	Employer/Occupation/Labor Organization*		M 0	D 6
City Westerville	State OH	Zip Code 43082	Y 1	Amount \$100.00
Full Name of Contributor Mark & Elizabeth Luper Schuster			Registration Number, if PAC	
Street Address 4159 Belmont Pl	Employer/Occupation/Labor Organization*		M 0	D 6
City New Albany	State OH	Zip Code 43054	Y 1	Amount \$50.00
Full Name of Contributor Les & Crystal Davies			Registration Number, if PAC	
Street Address 8907 Lupine Dr	Employer/Occupation/Labor Organization*		M 0	D 6
City Reynoldsburg	State OH	Zip Code 43068	Y 1	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

\$3,140.00

Total expenditures this event.

\$1,930.09

Page Total \$ **\$550.00**