

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Reynoldsburg Republican Club					
Full Name of Contributor Wendell Parkinson				Registration Number, if PAC	
Street Address 4401 Hunts Landing Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2 9 1 1
City Hebron	State O H	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 135.00
Full Name of Contributor Pat Yost				Registration Number, if PAC	
Street Address 115 Jefferson Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2 9 1 1
City Newark	State O H	Zip Code 43055	Form(Cash,Check,etc) Cash		Amount 45.00
Full Name of Contributor J. Wesley Hall				Registration Number, if PAC	
Street Address 150 E. Campus View Blvd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2 9 1 1
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 90.00
Full Name of Contributor Nancy Frazier				Registration Number, if PAC	
Street Address 1811 Sawgrass Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2 9 1 1
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 45.00
Full Name of Contributor Mel Clemens				Registration Number, if PAC	
Street Address 6594 Furth Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2 9 1 1
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Price Snyder				Registration Number, if PAC	
Street Address 7125 Golding Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2 9 1 1
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 45.00
Full Name of Contributor Carolyn Carter				Registration Number, if PAC	
Street Address 1195 Dawn Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2 9 1 1
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 90.00

* 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 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

3,440.00

Total expenditures this event

2,493.92

Page Total \$ **500.00**