

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENDS OF RAMONA REYES</b>				
Full Name of Contributor <b>RAY JONES</b>			Registration Number, if PAC	
Street Address <b>943 N. NELSON RD</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   05   17</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43219</b>	Form (Cash, Check, etc.) <b>CK</b>	
Full Name of Contributor <b>FRIENDS OF DR ANAHI ORTIZ</b>			Registration Number, if PAC	
Street Address <b>7727 SUDBROOK SQ</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   04   17</b>	Amount <b>50.00</b>
City <b>NEW ALBANY</b>	State <b>OH</b>	Zip Code <b>43054</b>	Form (Cash, Check, etc.) <b>CK</b>	
Full Name of Contributor <b>MICHAEL SEXTON</b>			Registration Number, if PAC	
Street Address <b>984 HIGHLAND ST.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   05   17</b>	Amount <b>100.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43201</b>	Form (Cash, Check, etc.) <b>CK</b>	
Full Name of Contributor <b>JOHN &amp; BOOKER RENE COATS</b>			Registration Number, if PAC	
Street Address <b>1833 KENT ST.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   05   17</b>	Amount <b>100.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43205</b>	Form (Cash, Check, etc.) <b>CK</b>	
Full Name of Contributor <b>RACHEL LUSTIG</b>			Registration Number, if PAC	
Street Address <b>5 VICTORIAN GATEWAY</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   01   17</b>	Amount <b>100.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>CK</b>	
Full Name of Contributor <b>JEAN &amp; ROY SHEPARD WENTZEL</b>			Registration Number, if PAC	
Street Address <b>P.O. BOX 20153</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   05   17</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43220</b>	Form (Cash, Check, etc.) <b>CK</b>	
Full Name of Contributor <b>BRANDI MARTIN</b>			Registration Number, if PAC	
Street Address <b>911 CONESTOGA DR</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   05   17</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43213</b>	Form (Cash, Check, etc.) <b>CK</b>	

\* 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

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Total expenditures this event.

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Page Total \$

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