

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 Marshall Spalding				Registration Number, if PAC	
Street Address 1940 Glenford Ct.		Employer/Occupation/Labor Organization* Reyn. City Council		M 0	D 3
City Reynoldsburg		State OH	Zip Code 43068	Y 2	Amount \$400.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Elaine Tornero					
Street Address 7716 Critwell Court		Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg		State OH	Zip Code 43068	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor JoAnn Davidson					
Street Address 6639 Forrester Way		Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg		State OH	Zip Code 43068	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Melissa Iannotta					
Street Address 8615 Aconite Dr.		Employer/Occupation/Labor Organization*		M 0	D 3
City Blacklick		State OH	Zip Code 43004	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Brett Luzader					
Street Address 1116 Gibson Road		Employer/Occupation/Labor Organization* City of Reynoldsburg		M 0	D 3
City Reynoldsburg		State OH	Zip Code 43068	Y 2	Amount \$400.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Lisa Schacht					
Street Address 5950 Shannon Rd.		Employer/Occupation/Labor Organization*		M 0	D 4
City Canal Winchester		State OH	Zip Code 43110	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Dave Parkinson					
Street Address 7464 Badenoch Dr.		Employer/Occupation/Labor Organization*		M 0	D 4
City Dublin		State OH	Zip Code 43017	Y 0	Amount \$50.00
				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

\$5,275.00

Total expenditures this event.

\$2,667.44Page Total \$ **\$1,150.00**