

# 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>BARROLUCCO</b>			Registration Number, if PAC	
Street Address <b>3197 PAYDAY LANE</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   04   17</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43232</b>	Form (Cash, Check, etc.) <b>CK</b>	
Full Name of Contributor <b>COMMITTEE ON POLITICAL EDUCATION COLUMBUS SHEET METAL WORKERS</b>			Registration Number, if PAC <b>OH1053</b>	
Street Address <b>3035 LAMB AVE</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>03   29   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>CRUCITA FLEHA</b>			Registration Number, if PAC	
Street Address <b>800 CROSS POINTE DR STE E</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   05   17</b>	Amount <b>210</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>CA</b>	
Full Name of Contributor <b>BRIAN STEWARD</b>			Registration Number, if PAC	
Street Address <b>800 CROSS POINTE DR STE E</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   05   17</b>	Amount <b>260</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>CA</b>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	

\* 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

**\$1510.00**

Total expenditures this event.

Page Total \$