

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

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF RAMONA REYES												
Full Name of Contributor MELISSA CARDENAS			Registration Number, if PAC									
Street Address 1047 SNOHOMISH AVE		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>0</td> <td>8</td> <td>29</td> <td>50.00</td> </tr> </table>	M	D	Y	Amount	0	8	29	50.00
M	D	Y	Amount									
0	8	29	50.00									
City WORTHINGTON	State OH	Zip Code 43085	Form (Cash, Check, etc.) CASH									
Full Name of Contributor CONTRIBUTORS OF \$25 OR LESS			Registration Number, if PAC									
Street Address		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td>0</td> <td>8</td> <td>29</td> <td>135.00</td> </tr> </table>	M	D	Y	Amount	0	8	29	135.00
M	D	Y	Amount									
0	8	29	135.00									
City	State OH	Zip Code	Form (Cash, Check, etc.) CASH/CHECK									
Full Name of Contributor			Registration Number, if PAC									
Street Address		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M	D	Y	Amount				
M	D	Y	Amount									
City	State OH	Zip Code	Form (Cash, Check, etc.)									
Full Name of Contributor			Registration Number, if PAC									
Street Address		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M	D	Y	Amount				
M	D	Y	Amount									
City	State OH	Zip Code	Form (Cash, Check, etc.)									
Full Name of Contributor			Registration Number, if PAC									
Street Address		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M	D	Y	Amount				
M	D	Y	Amount									
City	State OH	Zip Code	Form (Cash, Check, etc.)									
Full Name of Contributor			Registration Number, if PAC									
Street Address		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M	D	Y	Amount				
M	D	Y	Amount									
City	State OH	Zip Code	Form (Cash, Check, etc.)									
Full Name of Contributor			Registration Number, if PAC									
Street Address		Employer/Occupation/Labor Organization*		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Amount</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M	D	Y	Amount				
M	D	Y	Amount									
City	State OH	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

\$0.00	\$700.00
--------	----------

Total expenditures this event.

\$0.00

\$185.00
Page Total \$ 0.00