

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 Dan M Jr & Sharon L Reichard			Registration Number, if PAC	
Street Address 2427 Marthas Wood	Employer/Occupation/Labor Organization*		M 0	D 5
City Grove City	State OH	Zip Code 43123	Y 2	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor C Patrick Zollars			Registration Number, if PAC	
Street Address 6928 Retton Rd	Employer/Occupation/Labor Organization*		M 0	D 6
City Reynoldsburg	State OH	Zip Code 43068	Y 0	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Christopher J & Sandra D Long			Registration Number, if PAC	
Street Address 1475 Haft Dr	Employer/Occupation/Labor Organization*		M 0	D 6
City Reynoldsburg	State OH	Zip Code 43068	Y 0	Amount \$400.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Penny A Basye			Registration Number, if PAC	
Street Address 8785 Linick Dr	Employer/Occupation/Labor Organization*		M 0	D 5
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Larry L & Patricia A Flowers			Registration Number, if PAC	
Street Address 421 W Waterloo St	Employer/Occupation/Labor Organization*		M 0	D 5
City Canal Winchester	State OH	Zip Code 43110	Y 2	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Carrie E Glaeden			Registration Number, if PAC	
Street Address 4377 Bridgeside Pl	Employer/Occupation/Labor Organization*		M 0	D 5
City New Albany	State OH	Zip Code 43054	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor James M Houk			Registration Number, if PAC	
Street Address 600 Creekside Plaza	Employer/Occupation/Labor Organization*		M 0	D 6
City Gahanna	State OH	Zip Code 43230	Y 1	Amount \$140.00
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

\$3,140.00

Total expenditures this event.

\$1,930.09

Page Total \$ **\$990.00**