

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 Tiberi for Congress				Registration Number, if PAC c00347492	
Street Address 2931 E Dublin Granville Rd Ste 190	Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$360.00
City Columbus	State OH	Zip Code 43231	Y 2	Y 0	
			Form (Cash, Check, etc.) check		
Full Name of Contributor Gene P Johnson				Registration Number, if PAC	
Street Address 6899 E Main St	Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$45.00
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Y 7	
			Form (Cash, Check, etc.) check		
Full Name of Contributor Bradley L McCloud				Registration Number, if PAC	
Street Address 912 Rosehill Rd	Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$360.00
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Y 2	
			Form (Cash, Check, etc.) check		
Full Name of Contributor Vicki Johnson Perkins				Registration Number, if PAC	
Street Address 1057 Briarcliff Rd	Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$90.00
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Y 5	
			Form (Cash, Check, etc.) check		
Full Name of Contributor Sarah Cannella				Registration Number, if PAC	
Street Address 7120 White Butterfly Ln	Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$90.00
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Y 3	
			Form (Cash, Check, etc.) check		
Full Name of Contributor Nancy C Frazier				Registration Number, if PAC	
Street Address 1811 Sawgrass Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$45.00
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Y 7	
			Form (Cash, Check, etc.) check		
Full Name of Contributor Carolyn Egnor				Registration Number, if PAC	
Street Address 7890 Harvetmoon Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$90.00
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Y 5	
			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

4110.00

Total expenditures this event.

2768.14

Page Total \$ 1,080.00