

Event Date	<u>Apr. 7</u>
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Reynoldsburg Republican Club							
Full Name of Contributor Anne Gonzales				Registration Number, if PAC			
Street Address 335 Wildwood Dr.		Employer/Occupation/Labor Organization* City of Westerville		M 0	D 4	Y 0	Amount 45.00
City Westerville		State O H	Zip Code 43081	Form(Cash,Check,etc) Check			
Full Name of Contributor Richard Petrella				Registration Number, if PAC			
Street Address 945 Woodsedge Lane		Employer/Occupation/Labor Organization* City of Westerville		M 0	D 4	Y 0	Amount 50.00
City Westerville		State O H	Zip Code 43081	Form(Cash,Check,etc) Check			
Full Name of Contributor Oleta Johnson				Registration Number, if PAC			
Street Address 6899 E. Main St.		Employer/Occupation/Labor Organization* Gene P Johnson Realty		M 0	D 4	Y 0	Amount 90.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Smith				Registration Number, if PAC			
Street Address 169 Mill Race Rd.		Employer/Occupation/Labor Organization* City of Reynoldsburg		M 0	D 4	Y 0	Amount 90.00
City Granville		State O H	Zip Code 43023	Form(Cash,Check,etc) Check			
Full Name of Contributor Pamela Boratyn				Registration Number, if PAC			
Street Address 5492 Lynbrook Ln.		Employer/Occupation/Labor Organization* City of Reynoldsburg		M 0	D 4	Y 0	Amount 90.00
City Westerville		State O H	Zip Code 43082	Form(Cash,Check,etc) Check			
Full Name of Contributor Jo Ann Davidson				Registration Number, if PAC			
Street Address 6639 Forrester Way		Employer/Occupation/Labor Organization* City of Reynoldsburg		M 0	D 4	Y 0	Amount 45.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Betty Montgomery				Registration Number, if PAC			
Street Address 1164 Dawn Dr.		Employer/Occupation/Labor Organization* City of Reynoldsburg		M 0	D 4	Y 0	Amount 45.00
City Reynoldsburg		State O H	Zip Code 43068	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 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

Total expenditures this event

Page Total \$ 455.00