

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 COLEMAN FOR COLUMBUS			Registration Number, if PAC	
Street Address 550 E. WALNUT ST.	Employer/Occupation/Labor Organization*		M 09	D 18
City COLUMBUS	State OH	Zip Code 43215	Y 13	Amount 1000.00
Form (Cash, Check, etc.) CK				
Full Name of Contributor JACOB MANSTER				
Street Address 964 N. HIGH APT. 303			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 09	D 18	Y 13
City COLUMBUS	State OH	Zip Code 43201	Amount 50.00	
Form (Cash, Check, etc.) CK				
Full Name of Contributor BETTY DRUMMOND/HERBERT DRUMMOND				
Street Address 5742 JARDIN PL			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 09	D 25	Y 13
City COLUMBUS	State OH	Zip Code 43213	Amount 50.00	
Form (Cash, Check, etc.) CK				
Full Name of Contributor KAREN & JAMES PIERCE				
Street Address 2481 POWELL AVE			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 09	D 18	Y 13
City PIDLEY	State OH	Zip Code 43209	Amount 50.00	
Form (Cash, Check, etc.) CK				
Full Name of Contributor JAPSE AFSCME TURNAROUND OFFICER				
Street Address 6805 OAK CREEK DR			Registration Number, if PAC 1269	
Employer/Occupation/Labor Organization*		M 09	D 13	Y 13
City COLUMBUS	State OH	Zip Code 43229	Amount 1000.00	
Form (Cash, Check, etc.) CK				
Full Name of Contributor JOSEPH L. MAS				
Street Address 330 S. HIGH ST			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 09	D 18	Y 13
City COLUMBUS	State OH	Zip Code 43215	Amount 75.00	
Form (Cash, Check, etc.) CK				
Full Name of Contributor COMMITTEE TO ELECT DOMINIC PARETTI				
Street Address 522 1/2 S. PEARL ST			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 09	D 18	Y 13
City COLUMBUS	State OH	Zip Code 43215	Amount 50.00	
Form (Cash, Check, etc.) CK				

* 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

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Total expenditures this event.

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Page Total \$

2275.00