

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENDS OF RAMONA REYES</b>				
Full Name of Contributor <b>RODNEY + KATHERINE HARRISON</b>			Registration Number, if PAC	
Street Address <b>1793 FRANKLIN AVE</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   05   17</b>	Amount <b>125.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43205</b>	Form (Cash, Check, etc.) <b>CK</b>	
Full Name of Contributor <b>JAMIE SIERKA</b>			Registration Number, if PAC	
Street Address <b>3015 DARNFIELD PLACE</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   05   17</b>	Amount <b>75.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>CK</b>	
Full Name of Contributor <b>LARRY PRICE</b>			Registration Number, if PAC	
Street Address <b>85 E. GAY ST. STE 808</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   01   17</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>CK</b>	
Full Name of Contributor <b>LEONARDO ALMEIDA</b>			Registration Number, if PAC	
Street Address <b>3862 ABBIE LAKES DR</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   07   17</b>	Amount <b>15.00</b>
City <b>CANAL WINCHESTER</b>	State <b>OH</b>	Zip Code <b>43110</b>	Form (Cash, Check, etc.) <b>CK</b>	
Full Name of Contributor <b>ERA + ELLA BROWN COLEMAN</b>			Registration Number, if PAC	
Street Address <b>2257 ARGYLE DR</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   05   17</b>	Amount <b>25.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43219</b>	Form (Cash, Check, etc.) <b>CK</b>	
Full Name of Contributor <b>FRANCISCO GOMEZ + ANHDAO NGUYEN</b>			Registration Number, if PAC	
Street Address <b>331 ASHWORTH CT.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   05   17</b>	Amount <b>25.00</b>
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, etc.) <b>CK</b>	
Full Name of Contributor <b>THOMPSON STEWARD FRECHA, LLC</b>			Registration Number, if PAC	
Street Address <b>800 CROSS POINTE DR STE E</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>04   05   17</b>	Amount <b>125.00</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>CK</b>	

\* 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 \$

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