

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 Richard Wright				Registration Number, if PAC	
Street Address 11309 Midland Oil Road SE	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2 9 1 1
City Glenford	State O H	Zip Code 43739	Form(Cash,Check,etc) Check		Amount 45.00
Full Name of Contributor Douglas Joseph				Registration Number, if PAC	
Street Address 9250 Huggins Lane	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2 9 1 1
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 90.00
Full Name of Contributor Glen Dugger				Registration Number, if PAC	
Street Address 37 W. Broad Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2 9 1 1
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 45.00
Full Name of Contributor Nancy Dawson				Registration Number, if PAC	
Street Address 6484 Larch Court	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2 9 1 1
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 45.00
Full Name of Contributor Shirley Archer				Registration Number, if PAC	
Street Address 7150 E. Maint Steet, D103	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2 9 1 1
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 45.00
Full Name of Contributor Sarah Cannella				Registration Number, if PAC	
Street Address 7120 White Butterfly Lane	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2 9 1 1
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 45.00
Full Name of Contributor Rhonda O'Connell				Registration Number, if PAC	
Street Address 4480 Battles Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2 9 1 1
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check		Amount 90.00

* 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

3 440.00

Total expenditures this event

2 493.92

Page Total \$ 405.00