

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 Carolyn & Dale Egner				Registration Number, if PAC	
Street Address 7890 Harvestmoon	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Carrie Glaeden				Registration Number, if PAC	
Street Address 1209 B Lake Shore Dr	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Carolyn & Neil Gorup				Registration Number, if PAC	
Street Address 9177 Firstgate	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Penny Basye				Registration Number, if PAC	
Street Address 8785 Linick	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Lucinda Balach				Registration Number, if PAC	
Street Address 8109 Priestly	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		Amount \$200.00
Full Name of Contributor Ringle for engineer				Registration Number, if PAC	
Street Address 8654 Macon	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount \$150.00
Full Name of Contributor Smith & Hale LLC				Registration Number, if PAC	
Street Address 37 W Broad	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$50.00

* 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 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

\$3,570.00

Total expenditures this event.

\$1,980.22

Page Total \$ **\$700.00**