

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 Stephen Cicak			Registration Number, if PAC				
Street Address 6866 Roundelay Rd. N.		Employer/Occupation/Labor Organization* Reyn. City Council		M 0	D 2	Y 2	Amount \$400.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sandra Long			Registration Number, if PAC				
Street Address 175 Haft Drive		Employer/Occupation/Labor Organization* Evaluations, Inc.		M 0	D 3	Y 0	Amount \$400.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Betty Montgomery			Registration Number, if PAC				
Street Address 37 W. Broad St., Ste. 960		Employer/Occupation/Labor Organization* Montgomery Consulting Co.		M 0	D 3	Y 1	Amount \$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Mary Hudson			Registration Number, if PAC				
Street Address 1080 Tiffany Dr.		Employer/Occupation/Labor Organization* Reys. Visitors Bureau		M 0	D 3	Y 1	Amount \$100.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Patrick Zollars			Registration Number, if PAC				
Street Address 6928 Retton Dr.		Employer/Occupation/Labor Organization* Contracting Solutions		M 0	D 3	Y 1	Amount \$50.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Bill Sampson			Registration Number, if PAC				
Street Address 1065 Mastell Dr.		Employer/Occupation/Labor Organization* City of Reynoldsburg		M 0	D 3	Y 1	Amount \$50.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Carolyn Egner			Registration Number, if PAC				
Street Address 7890 Harvestmoon Dr.		Employer/Occupation/Labor Organization*		M 0	D 3	Y 2	Amount \$100.00
City Reynoldsburg		State OH	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 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

\$5,275.00

Total expenditures this event.

\$2,667.44

Page Total \$ **\$1,150.00**