

# 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 Price K Snyder				Registration Number, if PAC	
Street Address 7125 Golding Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$135.00
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Y 2	
			Form (Cash, Check, etc.) check		
Full Name of Contributor Nathan D Burd				Registration Number, if PAC	
Street Address 550 Shoal Ct	Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$90.00
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Y 1	
			Form (Cash, Check, etc.) check		
Full Name of Contributor Stephanie K Beougher				Registration Number, if PAC	
Street Address 7991 Bellow Park Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$90.00
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Y 9	
			Form (Cash, Check, etc.) check		
Full Name of Contributor Willis R Conner				Registration Number, if PAC	
Street Address 7260 Shadeland Station	Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$135.00
City Indianapolis	State IN	Zip Code 46256	Y 2	Y 1	
			Form (Cash, Check, etc.) check		
Full Name of Contributor Cheri L Hottinger				Registration Number, if PAC	
Street Address 894 Jonathan Ln	Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$45.00
City Newark	State OH	Zip Code 43055	Y 2	Y 9	
			Form (Cash, Check, etc.) check		
Full Name of Contributor Ryan Kelly				Registration Number, if PAC	
Street Address 7410 Daugherty Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$90.00
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Y 8	
			Form (Cash, Check, etc.) check		
Full Name of Contributor Les Davies				Registration Number, if PAC	
Street Address 8907 Lupine Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$90.00
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Y 5	
			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

4110.00

Total expenditures this event.

2768.14

Page Total \$ 675.00