

## 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 RAMONTA REYES</b>					
Full Name of Contributor <b>JUAN P. CESPEDAS</b>				Registration Number, if PAC	
Street Address <b>62 W. 1ST AVE</b>		Employer/Occupation/Labor Organization*		M D Y <b>0 2 2 8 0 9</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43201</b>		Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>DIANA L. SEVERANCE</b>				Registration Number, if PAC	
Street Address <b>338 GLENMONT AVE.</b>		Employer/Occupation/Labor Organization*		M D Y <b>0 2 2 7 0 9</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43214</b>		Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>CRABBE, BROWN &amp; JAMES ATTYS AT LAW</b>				Registration Number, if PAC	
Street Address <b>500 SOUTH FRONT ST. SUITE 1200</b>		Employer/Occupation/Labor Organization*		M D Y <b>0 2 2 7 0 9</b>	Amount <b>150.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>		Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>GARY L. &amp; DIANE R. BAKER</b>				Registration Number, if PAC	
Street Address <b>2142 STAGHORN WAY</b>		Employer/Occupation/Labor Organization*		M D Y <b>0 2 2 7 0 9</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43123</b>		Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>EMERALD L. HERNANDEZ</b>				Registration Number, if PAC	
Street Address <b>1342 PRESIDENTIAL DR.</b>		Employer/Occupation/Labor Organization*		M D Y <b>0 2 2 7 0 9</b>	Amount <b>75.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43212</b>		Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>JUAN JOSE PEREZ</b>				Registration Number, if PAC	
Street Address <b>149 GLEN ABBEY CT.</b>		Employer/Occupation/Labor Organization*		M D Y <b>0 3 0 4 0 9</b>	Amount <b>250.00</b>
City <b>POWELL</b>	State <b>OH</b>	Zip Code <b>43065</b>		Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>FRIENDS OF O'GRADY COMMITTEE</b>				Registration Number, if PAC	
Street Address <b>480 S. THIRD ST.</b>		Employer/Occupation/Labor Organization*		M D Y <b>0 3 0 4 0 9</b>	Amount <b>250.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>		Form (Cash, Check, etc.) <b>CHECK</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

**\$0.00**  
 \$2815.00

Total expenditures this event.

**\$0.00**  
**\$0.00**

**\$875.00**  
 Page Total \$ **\$0.00**