

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 Auditor		M 0	D 3	Y 18	Amount \$400.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Stephanie McCloud			Registration Number, if PAC			
Street Address 912 Rosehill Rd.	Employer/Occupation/Labor Organization* McCloud Law LLC		M 0	D 3	Y 18	Amount \$800.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) PayPal			
Full Name of Contributor Kathryn Pinyerd			Registration Number, if PAC			
Street Address 88 E. Broad St.	Employer/Occupation/Labor Organization* HNTB Corp.		M 0	D 3	Y 18	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) PayPal			
Full Name of Contributor Dave Yost for Ohio			Registration Number, if PAC			
Street Address 4679 Winterset Dr.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 18	Amount \$50.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor Marshall Spalding			Registration Number, if PAC			
Street Address 1940 Glenford Ct.	Employer/Occupation/Labor Organization* Reyn. City Council		M 0	D 3	Y 18	Amount \$400.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Montgomery Consulting Group			Registration Number, if PAC			
Street Address 37 W. Broad St. Ste. 970	Employer/Occupation/Labor Organization*		M 0	D 3	Y 18	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Joe Bizjak			Registration Number, if PAC			
Street Address 7920 Tributary Lane	Employer/Occupation/Labor Organization*		M 0	D 3	Y 18	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) PayPal			

\* 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

\$6,300.00

Total expenditures this event.

\$3,167.90

Page Total \$ 1,850.00