

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Reynoldsburg Republican Club</b>				
Full Name of Contributor <b>Gerald Welsh</b>			Registration Number, if PAC	
Street Address <b>3792 Blue Water Ct.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Y <b>1</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Andrew Bowers</b>			Registration Number, if PAC	
Street Address <b>2284 Cob Tail Way</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Blacklack</b>	State <b>OH</b>	Zip Code <b>43004</b>	Y <b>1</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Jodi Thomas</b>			Registration Number, if PAC	
Street Address <b>1163 Gwyndale Dr.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	Y <b>1</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Barth Cotner</b>			Registration Number, if PAC	
Street Address <b>1862 Drugan Ct. SW</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Y <b>1</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>David Ingram</b>			Registration Number, if PAC	
Street Address <b>1809 Trina Way</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Y <b>1</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Mel Clemens</b>			Registration Number, if PAC	
Street Address <b>6594 Furth Dr.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Y <b>1</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Lucinda Balach</b>			Registration Number, if PAC	
Street Address <b>8109 Priestly Dr.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Y <b>1</b>	Amount <b>\$100.00</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

**\$5,275.00**

Total expenditures this event.

**\$2,667.44**

Page Total \$ **\$450.00**