

Event Date	<u>Apr. 7</u>
Page	<u> </u>

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Reynoldsburg Republican Club							
Full Name of Contributor Brad Sinnott				Registration Number, if PAC			
Street Address 52 E. Gay St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Cash			
Full Name of Contributor Steve Hermiller				Registration Number, if PAC			
Street Address 94 S. Westgate Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	100.00
City Columbus	State O H	Zip Code 43204		Form(Cash,Check,etc) Check			
Full Name of Contributor Clyde Hadden				Registration Number, if PAC			
Street Address 8151 Mentor Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		CT Consultants		0	3	0	360.00
City Mentor	State O H	Zip Code 44060		Form(Cash,Check,etc) Check			
Full Name of Contributor Matthew Damschroder				Registration Number, if PAC			
Street Address 2598 Ruhl Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	45.00
City Columbus	State O H	Zip Code 43209		Form(Cash,Check,etc) Check			
Full Name of Contributor Judith French				Registration Number, if PAC			
Street Address 1113 Westwood Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	45.00
City Columbus	State O H	Zip Code 43212		Form(Cash,Check,etc) Check			
Full Name of Contributor Robert Cook II				Registration Number, if PAC			
Street Address 8170 Priestley Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	90.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor James Hood				Registration Number, if PAC			
Street Address 8388 Lucerne Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Rev. City Attorney		0	4	0	90.00
City Reynoldsburg	State O H	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 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

Total expenditures this event

Page Total \$ 780.00