

# 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 Patricia A Basye			Registration Number, if PAC	
Street Address 7471 Smithfield Ave	Employer/Occupation/Labor Organization*		M   D   Y 0   5   1   2   1   3	Amount \$45.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Mary R Hudson			Registration Number, if PAC	
Street Address 1080 Tiffany Dr	Employer/Occupation/Labor Organization*		M   D   Y 0   5   1   5   1   3	Amount \$90.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Doug Joseph			Registration Number, if PAC	
Street Address 9250 Huggins Ln	Employer/Occupation/Labor Organization*		M   D   Y 0   5   1   0   1   3	Amount \$90.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Richard P Wright			Registration Number, if PAC	
Street Address 11309 Midland Oil Rd SE	Employer/Occupation/Labor Organization*		M   D   Y 0   5   2   2   1   3	Amount \$45.00
City Glenford	State OH	Zip Code 43739	Form (Cash, Check, etc.) check	
Full Name of Contributor Wendell W Parkinson			Registration Number, if PAC	
Street Address 4401 Hunts Landing Rd	Employer/Occupation/Labor Organization*		M   D   Y 0   5   2   0   1   3	Amount \$135.00
City Hebron	State OH	Zip Code 43025	Form (Cash, Check, etc.) check	
Full Name of Contributor Valoria C Hoover			Registration Number, if PAC	
Street Address 5972 Dunheath Loop	Employer/Occupation/Labor Organization*		M   D   Y 0   5   1   9   1   3	Amount \$90.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) check	
Full Name of Contributor Roberta M Brudapast			Registration Number, if PAC	
Street Address 7578 Cherry Brook Dr	Employer/Occupation/Labor Organization*		M   D   Y 0   5   2   3   1   3	Amount \$45.00
City Reynoldsburg	State OH	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 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 \$ 5540.00