

Event Date	<u>Apr. 7</u>
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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 Nancy Frazier				Registration Number, if PAC			
Street Address 1811 Sawgrass Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2 9 1 0	45.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Marian Geer				Registration Number, if PAC			
Street Address 844 Old Farm Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2 9 1 0	45.00
City Columbus	State O H	Zip Code 43213		Form(Cash,Check,etc) Check			
Full Name of Contributor Sally Cochran				Registration Number, if PAC			
Street Address 1275 East Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2 9 1 0	45.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor M-E Companies PAC				Registration Number, if PAC 000378752			
Street Address 635 Brooksedge Blvd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	3 0 1 0	90.00
City Westerville	State O H	Zip Code 43081		Form(Cash,Check,etc) Check			
Full Name of Contributor Barth Cotner				Registration Number, if PAC			
Street Address 1439 Jackson St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	3 0 1 0	90.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Sandra Long				Registration Number, if PAC			
Street Address 1675 Haft Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	3 1 1 0	90.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Citizens for Nathan Burd				Registration Number, if PAC			
Street Address 1566 Burkey Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	3 1 1 0	310.00
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 \$ 715.00