

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

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Reynoldsburg Republican Club</b>							
Full Name of Contributor <b>Roderic Yost</b>				Registration Number, if PAC			
Street Address <b>114 Jefferson Rd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>0</b>	<b>4</b>	<b>0</b>	<b>45.00</b>
City <b>Newark</b>	State <b>OH</b>	Zip Code <b>43055</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Edmond Komraus</b>				Registration Number, if PAC			
Street Address <b>7509 E. Main St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		<b>Optometrist</b>		<b>0</b>	<b>4</b>	<b>0</b>	<b>45.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Brian Waltz</b>				Registration Number, if PAC			
Street Address <b>7587 Beecher Rd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>0</b>	<b>4</b>	<b>0</b>	<b>45.00</b>
City <b>Pastakala</b>	State <b>OH</b>	Zip Code <b>43062</b>		Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Gary James</b>				Registration Number, if PAC			
Street Address <b>555 Lancaster Ave.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		<b>Dynalab</b>		<b>0</b>	<b>4</b>	<b>0</b>	<b>45.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>		Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Chris Long</b>				Registration Number, if PAC			
Street Address <b>1675 Haft Dr.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		<b>City of Reynoldsburg</b>		<b>0</b>	<b>4</b>	<b>0</b>	<b>45.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>		Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			

\* 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  

3 660.00

Total expenditures this event  

2 254.72

Page Total \$ 225.00