

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

Prescribed by Secretary of State 03/05

Event Date 4/6/17

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Name of Committee in Full Reynoldsburg Republican Club					
Full Name of Contributor Michael Igoe				Registration Number, if PAC	
Street Address 4681 Winterset Dr.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Ginny Cutler				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 0	D 4
City		State OH	Zip Code	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Sean McCarthy				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 0	D 4
City		State OH	Zip Code	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Larry Taylor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 0	D 4
City		State OH	Zip Code	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Contributors of \$25 or less				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 0	D 4
City		State OH	Zip Code	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Sandra Long				Registration Number, if PAC	
Street Address 1675 Haft Dr.		Employer/Occupation/Labor Organization*		M 0	D 4
City Reynoldsburg		State OH	Zip Code 43068	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Kevin Kerns				Registration Number, if PAC	
Street Address 1902 Lake Shore Dr.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43204	Y 1	Amount \$200.00
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

\$5,275.00

Total expenditures this event.

\$2,667.44

Page Total \$ **\$550.00**