

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 Jim Miller				Registration Number, if PAC			
Street Address 6576 Hilmar Dr.	Employer/Occupation/Labor Organization*			M 0	D 3	Y 2	Amount 90.00
City Westerville	State O H	Zip Code 43082		Form(Cash,Check,etc) Check			
Full Name of Contributor Jane Alexander				Registration Number, if PAC			
Street Address 286 Hudson Ave.	Employer/Occupation/Labor Organization*			M 0	D 3	Y 2	Amount 90.00
City Newark	State O H	Zip Code 43055		Form(Cash,Check,etc) Check			
Full Name of Contributor Bill Hills				Registration Number, if PAC			
Street Address 8175 Priestley Dr.	Employer/Occupation/Labor Organization*			M 0	D 3	Y 2	Amount 90.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Richard Harris				Registration Number, if PAC			
Street Address 1100 Bedlington Ct.	Employer/Occupation/Labor Organization*			M 0	D 3	Y 2	Amount 135.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Brad McCloud				Registration Number, if PAC			
Street Address 912 Rosehill Rd.	Employer/Occupation/Labor Organization*			M 0	D 3	Y 2	Amount 225.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Price Snyder				Registration Number, if PAC			
Street Address 7125 Golding Dr.	Employer/Occupation/Labor Organization*			M 0	D 3	Y 2	Amount 90.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Committee to Elect Mary Burcham				Registration Number, if PAC			
Street Address 7575 Asden Ct.	Employer/Occupation/Labor Organization*			M 0	D 3	Y 2	Amount 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 \$ 810.00