

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENDS OF RAMONA REYES</b>					
Full Name of Contributor <b>ROBERT TORRES</b>				Registration Number, if PAC	
Street Address <b>9541 BISHOPSWOOD W</b>		Employer/Occupation/Labor Organization*		M <b>04</b>	D <b>05</b>
City <b>PERRYSBURG</b>		State <b>OH</b>	Zip Code <b>43551</b>	Y <b>09</b>	Amount <b>200.00</b>
Form (Cash, Check, etc.) <b>CHECK</b>					
Full Name of Contributor <b>FLORENTINA STAIERS</b>					
Street Address <b>1344 W. 6TH AVE APT. C</b>		Employer/Occupation/Labor Organization*		M <b>04</b>	D <b>04</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43212</b>	Y <b>09</b>	Amount <b>50.00</b>
Form (Cash, Check, etc.) <b>CHECK</b>					
Full Name of Contributor <b>JAIME IERN</b>					
Street Address <b>6716 ELMERS CT.</b>		Employer/Occupation/Labor Organization*		M <b>04</b>	D <b>04</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43085</b>	Y <b>09</b>	Amount <b>35.00</b>
Form (Cash, Check, etc.) <b>CHECK</b>					
Full Name of Contributor <b>MIREA &amp; GUSTAVO LEANIZ</b>					
Street Address <b>686 LANCE CT.</b>		Employer/Occupation/Labor Organization*		M <b>04</b>	D <b>04</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43204</b>	Y <b>09</b>	Amount <b>50.00</b>
Form (Cash, Check, etc.) <b>CHECK</b>					
Full Name of Contributor <b>RAY AREBALO</b>					
Street Address <b>2187 INDIANA AVE</b>		Employer/Occupation/Labor Organization*		M <b>04</b>	D <b>04</b>
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43201</b>	Y <b>09</b>	Amount <b>50.00</b>
Form (Cash, Check, etc.) <b>CHECK</b>					
Full Name of Contributor <b>CONTRIBUTORS OF \$25 OR LESS</b>					
Street Address		Employer/Occupation/Labor Organization*		M <b>04</b>	D <b>04</b>
City		State <b>OH</b>	Zip Code	Y <b>09</b>	Amount <b>25.00</b>
Form (Cash, Check, etc.) <b>CASH</b>					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State <b>OH</b>	Zip Code	Y	Amount
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 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

~~\$0.00~~  
**\$410.00**

Total expenditures this event.

~~\$0.00~~  
**\$0.00**

~~\$410.00~~  
**\$0.00**  
Page Total \$