

8/5/09

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

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF RAMONA REYES				
Full Name of Contributor CAROLE DEPAOLA			Registration Number, if PAC	
Street Address 4944 BUCK THORN LN	Employer/Occupation/Labor Organization*		M D Y 08 05 09	Amount 40.00
City COLUMBUS	State OH	Zip Code 43220	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor A. TROY & YLONDA MILLER			Registration Number, if PAC	
Street Address 3389 STADLER DR	Employer/Occupation/Labor Organization*		M D Y 08 05 09	Amount 50.00
City PICKERINGTON	State OH	Zip Code 43147	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor NORAJILL PASOS SANCHEZ			Registration Number, if PAC	
Street Address 4551 EMERALD LAKES BLVD	Employer/Occupation/Labor Organization*		M D Y 08 05 09	Amount 40.00
City POWELL	State OH	Zip Code 43065	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GLENN & DEANNA TAYLOR			Registration Number, if PAC	
Street Address 4460 HAYDEN FARMS DR	Employer/Occupation/Labor Organization*		M D Y 08 05 09	Amount 50.00
City COLUMBUS	State OH	Zip Code 43221	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JULIA ARBINI-CARBONELL			Registration Number, if PAC	
Street Address 5398 COUNTRY MEADOW CT	Employer/Occupation/Labor Organization*		M D Y 08 05 09	Amount 50.00
City WESTERVILLE	State OH	Zip Code 43082	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL D. COLE			Registration Number, if PAC	
Street Address 350 THURON AVE	Employer/Occupation/Labor Organization*		M D Y 07 28 09	Amount 100.00
City COLUMBUS	State OH	Zip Code 43204	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOSEPH MAS & LINDA MERCADANTE			Registration Number, if PAC	
Street Address 439 COLONIAL AVE	Employer/Occupation/Labor Organization*		M D Y 08 10 09	Amount 50.00
City WORTHINGTON	State OH	Zip Code 43085	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

\$0.00

Total expenditures this event.

\$0.00

\$380.00

Page Total \$

\$0.00