

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

Prescribed by Secretary of State 03/05

|   |   |                          |                                       |                         |
|---|---|--------------------------|---------------------------------------|-------------------------|
| Name of Committee in Full<br><b>FRIENDS OF RAMONA REYES</b> |   |                          |                                       |                         |
| Full Name of Contributor<br><b>JAMES + CHARA BROWN</b>      |   |                          | Registration Number, if PAC           |                         |
| Street Address<br><b>5305 COURTNEY A</b>                    | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>10   10   13</b>      | Amount<br><b>150.00</b> |
| City<br><b>COLUMBUS</b>                                     | State<br><b>OH</b>                      | Zip Code<br><b>43235</b> | Form (Cash, Check, etc.)<br><b>CK</b> |                         |
| Full Name of Contributor<br><b>GENARO + HILDA GARCIA</b>    |   |                          | Registration Number, if PAC           |                         |
| Street Address<br><b>679 LATHAM CT.</b>                     | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>10   09   13</b>      | Amount<br><b>500.00</b> |
| City<br><b>COLUMBUS</b>                                     | State<br><b>OH</b>                      | Zip Code<br><b>43214</b> | Form (Cash, Check, etc.)<br><b>CK</b> |                         |
| Full Name of Contributor<br><b>G. JIM ROTH</b>              |   |                          | Registration Number, if PAC           |                         |
| Street Address<br><b>7000 CORTINA CT.</b>                   | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>10   10   13</b>      | Amount<br><b>250.00</b> |
| City<br><b>WORTHINGTON</b>                                  | State<br><b>OH</b>                      | Zip Code<br><b>43085</b> | Form (Cash, Check, etc.)<br><b>CK</b> |                         |
| Full Name of Contributor<br><b>CHRISTOPHER RODRIGUEZ</b>    |   |                          | Registration Number, if PAC           |                         |
| Street Address<br><b>445 ROBINWOOD AVE</b>                  | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>09   18   13</b>      | Amount<br><b>150.00</b> |
| City<br><b>WHITEHALL</b>                                    | State<br><b>OH</b>                      | Zip Code<br><b>43215</b> | Form (Cash, Check, etc.)<br><b>CK</b> |                         |
| Full Name of Contributor<br><b>MICHAEL SEXTON</b>           |   |                          | Registration Number, if PAC           |                         |
| Street Address<br><b>984 HIGHLAND ST.</b>                   | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>10   10   13</b>      | Amount<br><b>100.00</b> |
| City<br><b>COLUMBUS</b>                                     | State<br><b>OH</b>                      | Zip Code<br><b>43201</b> | Form (Cash, Check, etc.)<br><b>CK</b> |                         |
| Full Name of Contributor<br><b>RACHEL LUSTIG</b>            |   |                          | Registration Number, if PAC           |                         |
| Street Address<br><b>5 VICTORIAN GATE WAY</b>               | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>10   10   13</b>      | Amount<br><b>50.00</b>  |
| City<br><b>COLUMBUS</b>                                     | State<br><b>OH</b>                      | Zip Code<br><b>43215</b> | Form (Cash, Check, etc.)<br><b>CK</b> |                         |
| Full Name of Contributor<br><b>HENRY + NYDIA GUZMAN</b>     |   |                          | Registration Number, if PAC           |                         |
| Street Address<br><b>493 KASONS WAY</b>                     | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>10   10   13</b>      | Amount<br><b>250.00</b> |
| City<br><b>GAHANNA</b>                                      | State<br><b>OH</b>                      | Zip Code<br><b>43230</b> | Form (Cash, Check, etc.)<br><b>CK</b> |                         |

\* 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

|  |  |
|--|--|
|  |  |
|--|--|

Total expenditures this event.

|   |   |   |
|---|---|---|
| - | 0 | - |
|---|---|---|

Page Total \$

1450.00