

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Reynoldsburg Republican Club					
Full Name of Contributor Jim Hughes			Registration Number, if PAC		
Street Address 4329 Randmore Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 18
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Steve DeBolt			Registration Number, if PAC		
Street Address 7736 Donwick Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 18
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Wesley Hall			Registration Number, if PAC		
Street Address 2235 Orange Lake Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 18
City Lewis Center	State OH	Zip Code 43035	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Citizens for Lisa Schacht			Registration Number, if PAC		
Street Address 5950 Shannon Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 18
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Elaine Tornero			Registration Number, if PAC		
Street Address 7716 Critwell Ct.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 18
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Robert Barga			Registration Number, if PAC		
Street Address 455 Arden Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 18
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check		Amount \$400.00
Full Name of Contributor Michael Igoe			Registration Number, if PAC		
Street Address 4641 Winterset Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 18
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check		Amount \$100.00

\* 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

\$6,300.00

Total expenditures this event.

\$3,167.90

Page Total \$

\$900.00