

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 Mary Hudson				Registration Number, if PAC	
Street Address 8152 Hillingdon Dr.	Employer/Occupation/Labor Organization* Reyn. Visitors Bureau		M 0	D 3	Y 2 8 1 8
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Brett Luzader				Registration Number, if PAC	
Street Address 1116 Gibson Rd.	Employer/Occupation/Labor Organization* Reyn. City Council		M 0	D 3	Y 2 8 1 8
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) PayPal		Amount \$400.00
Full Name of Contributor Sandra Elswick				Registration Number, if PAC	
Street Address 6593 Merringer Ave.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0 1 1 8
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Anne Gonzales				Registration Number, if PAC	
Street Address 335 Wildwood Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0 1 1 8
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Matthew Roth				Registration Number, if PAC	
Street Address 7923 Oak Valley	Employer/Occupation/Labor Organization* City of Reynoldsburg		M 0	D 4	Y 0 1 1 8
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Thomas Pannett				Registration Number, if PAC	
Street Address 6254 Janes Way	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0 3 1 8
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Cornell Robertson for County Engineer				Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0 4 1 8
City Columbus	State OH	Zip Code 43206	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 \$

\$850.00