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# Ohio Campaign Finance Report

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Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Reynoldsburg Republican Club</b>						Registration Number, if PAC				
Full Name of Candidate										
Street Address <b>1675 Haft Drive</b>					Office Sought		District			
City <b>Reynoldsburg</b>						State <b>O H</b>	Zip Code <b>43068</b>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	July Monthly		August Monthly		September Monthly		Termination		<b>X</b> Semiannual <b>2010</b>	
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election		M	D	Y

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 2,090.39
2. Total monetary contributions (From Form No. 31-A)	\$ 3,960.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 6,050.39
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,289.72
6. Balance on hand (line 4 minus line 5)	\$ 3,760.67
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**Sandra D Long**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

*Sandra D Long*

July 25, 2010

Date

Contribution pages 9

Expenditure pages 2

Other pages 12

Total pages 23

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Reynoldsburg Republican Club</b>							
Full Name of Contributor <b>Michele Slonaker</b>					Registration Number, if PAC		
Street Address <b>565 Bellow Park Court</b>		Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 1</b>	D <b>0 3</b>	Y <b>1 0</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Stephanie McCloud</b>					Registration Number, if PAC		
Street Address <b>912 Rosehill Road</b>		Employer/Occupation/Labor Organization* <b>attorney</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 1</b>	D <b>2 7</b>	Y <b>1 0</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Jed Hood</b>					Registration Number, if PAC		
Street Address <b>8388 Lucerne Drive</b>		Employer/Occupation/Labor Organization* <b>Reynoldsburg City Attorney</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 1</b>	D <b>2 7</b>	Y <b>1 0</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Shirley Oravec</b>					Registration Number, if PAC		
Street Address <b>7800 Palmer Road</b>		Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 1</b>	D <b>2 7</b>	Y <b>1 0</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Fred Deskins</b>					Registration Number, if PAC		
Street Address <b>6625 Schenk Avenue</b>		Employer/Occupation/Labor Organization* <b>Reynoldsburg City Council</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 1</b>	D <b>2 7</b>	Y <b>1 0</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Mary Burcham</b>					Registration Number, if PAC		
Street Address <b>7575 Asden Court</b>		Employer/Occupation/Labor Organization* <b>City of Reynoldsburg</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 2</b>	D <b>2 3</b>	Y <b>1 0</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>Nathan Burd</b>					Registration Number, if PAC		
Street Address <b>1566 Burkey Court</b>		Employer/Occupation/Labor Organization* <b>Reynoldsburg City Council</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 2</b>	D <b>2 3</b>	Y <b>1 0</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Doug Joseph</b>					Registration Number, if PAC		
Street Address <b>9250 Huggins Lane</b>		Employer/Occupation/Labor Organization* <b>Reynoldsburg City Council</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 2</b>	D <b>2 3</b>	Y <b>1 0</b>	Amount <b>20.00</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 appear. [R.C. 3517.10(B)(4)]

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Reynoldsburg Republican Club</b>							
Full Name of Contributor <b>Gilbert Vincent</b>					Registration Number, if PAC		
Street Address <b>6483 Lexleigh Road</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 2</b>	D <b>2 3</b>	Y <b>1 0</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>Mary Burcham</b>					Registration Number, if PAC		
Street Address <b>7575 Asden Ct.</b>			Employer/Occupation/Labor Organization* <b>City of Reynoldsburg</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 2</b>	D <b>2 5</b>	Y <b>1 0</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>Barth Cotner</b>					Registration Number, if PAC		
Street Address <b>1439 Jackson St.</b>			Employer/Occupation/Labor Organization* <b>Cotner Funeral Home</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 3</b>	D <b>1 5</b>	Y <b>1 0</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Roberta Brudapest</b>					Registration Number, if PAC		
Street Address <b>7378 Cherry Brook Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 3</b>	D <b>1 5</b>	Y <b>1 0</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>Catherine Schaller</b>					Registration Number, if PAC		
Street Address <b>7843 Jordan Crossing</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 3</b>	D <b>1 9</b>	Y <b>1 0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Sarah Cannella</b>					Registration Number, if PAC		
Street Address <b>7120 White Butterfly Lane</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 3</b>	D <b>1 9</b>	Y <b>1 0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Richard Harris</b>					Registration Number, if PAC		
Street Address <b>1100 Bedlington Ct.</b>			Employer/Occupation/Labor Organization* <b>Reynoldsburg City Auditor</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 3</b>	D <b>3 0</b>	Y <b>1 0</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Lucinda Balach</b>					Registration Number, if PAC		
Street Address <b>8109 Priestley Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0 4</b>	D <b>0 7</b>	Y <b>1 0</b>	Amount <b>10.00</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Reynoldsburg Republican Club</b>							
Full Name of Contributor <b>Robert &amp; Virginia Cook</b>					Registration Number, if PAC		
Street Address <b>8170 Priestly Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount <b>3,660.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Reynoldsburg Republican Club</b>						
Full Name of Contributor <b>Richard Hudson</b>				Registration Number, if PAC		
Street Address <b>1080 Tiffany Dr.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	<b>0</b>	<b>3</b>	<b>1710</b>	<b>90.00</b>
Form(Cash,Check,etc) <b>Check</b>						
Full Name of Contributor <b>Patricia Bayse</b>				Registration Number, if PAC		
Street Address <b>7471 Smithfield Ave.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	<b>0</b>	<b>3</b>	<b>1710</b>	<b>90.00</b>
Form(Cash,Check,etc) <b>Check</b>						
Full Name of Contributor <b>Mary Lou Fritz</b>				Registration Number, if PAC		
Street Address <b>100 Wickfield Rd.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Blacklick</b>	State <b>OH</b>	Zip Code <b>43068</b>	<b>0</b>	<b>3</b>	<b>1710</b>	<b>180.00</b>
Form(Cash,Check,etc) <b>Check</b>						
Full Name of Contributor <b>Donna Glenn</b>				Registration Number, if PAC		
Street Address <b>6099 Headley Rd.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43068</b>	<b>0</b>	<b>3</b>	<b>1810</b>	<b>45.00</b>
Form(Cash,Check,etc) <b>Check</b>						
Full Name of Contributor <b>Bambi Wright</b>				Registration Number, if PAC		
Street Address <b>11309 Midland Oil Rd.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Glenford</b>	State <b>OH</b>	Zip Code <b>43739</b>	<b>0</b>	<b>3</b>	<b>1910</b>	<b>90.00</b>
Form(Cash,Check,etc) <b>Check</b>						
Full Name of Contributor <b>Michelle Slonaker</b>				Registration Number, if PAC		
Street Address <b>565 Bellow Park Ct.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	<b>0</b>	<b>3</b>	<b>2010</b>	<b>90.00</b>
Form(Cash,Check,etc) <b>Check</b>						
Full Name of Contributor <b>Penny Bayse</b>				Registration Number, if PAC		
Street Address <b>8785 Linick Dr.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	<b>0</b>	<b>3</b>	<b>2110</b>	<b>90.00</b>
Form(Cash,Check,etc) <b>Check</b>						

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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

Page Total \$ 675.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Reynoldsburg Republican Club							
Full Name of Contributor				Registration Number, if PAC			
Jim Miller							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6576 Hilmar Dr.				0	3	2310	90.00
City		State		Zip Code		Form(Cash,Check,etc)	
Westerville		OH		43082		Check	
Full Name of Contributor				Registration Number, if PAC			
Jane Alexander							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
286 Hudson Ave.				0	3	2310	90.00
City		State		Zip Code		Form(Cash,Check,etc)	
Newark		OH		43055		Check	
Full Name of Contributor				Registration Number, if PAC			
Bill Hills							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
8175 Priestley Dr.				0	3	2510	90.00
City		State		Zip Code		Form(Cash,Check,etc)	
Reynoldsburg		OH		43068		Check	
Full Name of Contributor				Registration Number, if PAC			
Richard Harris							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1100 Bedlington Ct.				0	3	2610	135.00
City		State		Zip Code		Form(Cash,Check,etc)	
Reynoldsburg		OH		43068		Check	
Full Name of Contributor				Registration Number, if PAC			
Brad McCloud							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
912 Rosehill Rd.				0	3	2610	225.00
City		State		Zip Code		Form(Cash,Check,etc)	
Reynoldsburg		OH		43068		Check	
Full Name of Contributor				Registration Number, if PAC			
Price Snyder							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7125 Golding Dr.				0	3	2810	90.00
City		State		Zip Code		Form(Cash,Check,etc)	
Reynoldsburg		OH		43068		Check	
Full Name of Contributor				Registration Number, if PAC			
Committee to Elect Mary Burcham							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7575 Asden Ct.				0	3	2610	90.00
City		State		Zip Code		Form(Cash,Check,etc)	
Reynoldsburg		OH		43068		Check	

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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

Page Total \$ 810.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Reynoldsburg Republican Club</b>							
Full Name of Contributor <b>Nancy Frazier</b>				Registration Number, if PAC			
Street Address <b>1811 Sawgrass Dr.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>0</b>	<b>3</b>	<b>29</b>	<b>45.00</b>
City <b>Reynoldsburg</b>		State <input type="radio"/> O <input checked="" type="radio"/> H	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Marian Geer</b>				Registration Number, if PAC			
Street Address <b>844 Old Farm Rd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>0</b>	<b>3</b>	<b>29</b>	<b>45.00</b>
City <b>Columbus</b>		State <input type="radio"/> O <input checked="" type="radio"/> H	Zip Code <b>43213</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Sally Cochran</b>				Registration Number, if PAC			
Street Address <b>1275 East Dr.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>0</b>	<b>3</b>	<b>29</b>	<b>45.00</b>
City <b>Reynoldsburg</b>		State <input type="radio"/> O <input checked="" type="radio"/> H	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>M-E Companies PAC</b>				Registration Number, if PAC <b>000378752</b>			
Street Address <b>635 Brooksedge Blvd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>0</b>	<b>3</b>	<b>30</b>	<b>90.00</b>
City <b>Westerville</b>		State <input type="radio"/> O <input checked="" type="radio"/> H	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Barth Cotner</b>				Registration Number, if PAC			
Street Address <b>1439 Jackson St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>0</b>	<b>3</b>	<b>30</b>	<b>90.00</b>
City <b>Reynoldsburg</b>		State <input type="radio"/> O <input checked="" type="radio"/> H	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Sandra Long</b>				Registration Number, if PAC			
Street Address <b>1675 Haft Dr.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>0</b>	<b>3</b>	<b>31</b>	<b>90.00</b>
City <b>Reynoldsburg</b>		State <input type="radio"/> O <input checked="" type="radio"/> H	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Citizens for Nathan Burd</b>				Registration Number, if PAC			
Street Address <b>1566 Burkey Ct.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>0</b>	<b>3</b>	<b>31</b>	<b>310.00</b>
City <b>Reynoldsburg</b>		State <input type="radio"/> O <input checked="" type="radio"/> H	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>Check</b>			

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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

Page Total \$ <u>715.00</u>
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Event Date	<u>Apr. 7</u>
Page	_____

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Reynoldsburg Republican Club			
Full Name of Contributor Brad Sinnott		Registration Number, if PAC	
Street Address 52 E. Gay St.	Employer/Occupation/Labor Organization*	M   D   Y 0 3   3 1   1 0	Amount 50.00
City Columbus	State   Zip Code OH   43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Steve Hermiller		Registration Number, if PAC	
Street Address 94 S. Westgate Ave.	Employer/Occupation/Labor Organization*	M   D   Y 0 3   3 0   1 0	Amount 100.00
City Columbus	State   Zip Code OH   43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Clyde Hadden		Registration Number, if PAC	
Street Address 8151 Mentor Ave.	Employer/Occupation/Labor Organization* CT Consultants	M   D   Y 0 3   3 0   1 0	Amount 360.00
City Mentor	State   Zip Code OH   44060	Form(Cash,Check,etc) Check	
Full Name of Contributor Matthew Damschroder		Registration Number, if PAC	
Street Address 2598 Ruhl Ave.	Employer/Occupation/Labor Organization*	M   D   Y 0 3   3 0   1 0	Amount 45.00
City Columbus	State   Zip Code OH   43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Judith French		Registration Number, if PAC	
Street Address 1113 Westwood Ave.	Employer/Occupation/Labor Organization*	M   D   Y 0 3   3 1   1 0	Amount 45.00
City Columbus	State   Zip Code OH   43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Cook II		Registration Number, if PAC	
Street Address 8170 Priestley Dr.	Employer/Occupation/Labor Organization*	M   D   Y 0 4   0 1   1 0	Amount 90.00
City Reynoldsburg	State   Zip Code OH   43068	Form(Cash,Check,etc) Check	
Full Name of Contributor James Hood		Registration Number, if PAC	
Street Address 8388 Lucerne Dr.	Employer/Occupation/Labor Organization* Rev. City Attorney	M   D   Y 0 4   0 1   1 0	Amount 90.00
City Reynoldsburg	State   Zip Code OH   43068	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 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

Page Total \$ 780.00

Event Date	<u>Apr. 7</u>
Page	_____

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Reynoldsburg Republican Club</b>						
Full Name of Contributor <b>Anne Gonzales</b>			Registration Number, if PAC			
Street Address <b>335 Wildwood Dr.</b>	Employer/Occupation/Labor Organization* <b>City of Westerville</b>		M <b>0</b>	D <b>4</b>	Y <b>0310</b>	Amount <b>45.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Richard Petrella</b>			Registration Number, if PAC			
Street Address <b>945 Woodsedge Lane</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0310</b>	Amount <b>50.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Oleta Johnson</b>			Registration Number, if PAC			
Street Address <b>6899 E. Main St.</b>	Employer/Occupation/Labor Organization* <b>Gene P Johnson Realty</b>		M <b>0</b>	D <b>4</b>	Y <b>0510</b>	Amount <b>90.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Michael Smith</b>			Registration Number, if PAC			
Street Address <b>169 Mill Race Rd.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0710</b>	Amount <b>90.00</b>
City <b>Granville</b>	State <b>OH</b>	Zip Code <b>43023</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Pamela Boratyn</b>			Registration Number, if PAC			
Street Address <b>5492 Lynbrook Ln.</b>	Employer/Occupation/Labor Organization* <b>City of Reynoldsburg</b>		M <b>0</b>	D <b>4</b>	Y <b>0710</b>	Amount <b>90.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Jo Ann Davidson</b>			Registration Number, if PAC			
Street Address <b>6639 Forrester Way</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0710</b>	Amount <b>45.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Betty Montgomery</b>			Registration Number, if PAC			
Street Address <b>1164 Dawn Dr.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0710</b>	Amount <b>45.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>Check</b>			

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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

Page Total \$ 455.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Reynoldsburg Republican Club</b>						
Full Name of Contributor <b>Roderic Yost</b>			Registration Number, if PAC			
Street Address <b>114 Jefferson Rd.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Newark</b>	State <b>O H</b>	Zip Code <b>43055</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>45.00</b>
Form(Cash,Check,etc) <b>Check</b>						
Full Name of Contributor <b>Edmond Komraus</b>			Registration Number, if PAC			
Street Address <b>7509 E. Main St.</b>	Employer/Occupation/Labor Organization* <b>Optometrist</b>		M	D	Y	Amount
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>45.00</b>
Form(Cash,Check,etc) <b>Check</b>						
Full Name of Contributor <b>Brian Waltz</b>			Registration Number, if PAC			
Street Address <b>7587 Beecher Rd.</b>	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Pastakala</b>	State <b>O H</b>	Zip Code <b>43062</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>45.00</b>
Form(Cash,Check,etc) <b>Cash</b>						
Full Name of Contributor <b>Gary James</b>			Registration Number, if PAC			
Street Address <b>555 Lancaster Ave.</b>	Employer/Occupation/Labor Organization* <b>Dynalab</b>		M	D	Y	Amount
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>45.00</b>
Form(Cash,Check,etc) <b>Cash</b>						
Full Name of Contributor <b>Chris Long</b>			Registration Number, if PAC			
Street Address <b>1675 Haft Dr.</b>	Employer/Occupation/Labor Organization* <b>City of Reynoldsburg</b>		M	D	Y	Amount
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>45.00</b>
Form(Cash,Check,etc) <b>Cash</b>						
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code				
Form(Cash,Check,etc)						
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code				
Form(Cash,Check,etc)						

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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  
3 660.00

Total expenditures this event  
2 254.72

Page Total \$ 225.00

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Reynoldsburg Republican Club</b>												
To Whom Paid <b>Reynoldsburg Area Chamber of Commerce</b>						M	D	Y	Amount			
						0	2	2	3	1	0	35.00
Address <b>1580 Brice Road</b>				Purpose <b>2010 Dues</b>								
City <b>Reynoldsburg</b>				State <b>OH</b>		Zip Code <b>43068</b>		Check Number <b>1047</b>				
To Whom Paid <b>Expenditures from Form 31-F</b>						M	D	Y	Amount			
									2,254.72			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			

