

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 Glen Dugger			Registration Number, if PAC		
Street Address 37 W. Broad St.		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43215	0 4 1 2 1 8	\$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Barth Cotner			Registration Number, if PAC		
Street Address 1862 Drugan Ct. SW		Employer/Occupation/Labor Organization* Cotner Funeral Home		M D Y	Amount
City Reynoldsburg		State OH	Zip Code 43068	0 4 1 3 1 8	\$200.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Willis Connor			Registration Number, if PAC		
Street Address 2550 Corporate Exchange Dr.		Employer/Occupation/Labor Organization* American Structure Point		M D Y	Amount
City Columbus		State OH	Zip Code 43231	0 4 1 7 1 8	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Citizens for Mingo			Registration Number, if PAC		
Street Address 12364 Thoroughbred Dr.		Employer/Occupation/Labor Organization*		M D Y	Amount
City Pickerington		State OH	Zip Code 43147	0 4 2 7 1 8	\$100.00
Form (Cash, Check, etc.) Check					
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.)					
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.)					

* 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 \$ **\$450.00**