

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			Registration Number, if PAC			
Citizens for Scott Ryan						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
P.O. Box 4605			0	4	0618	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Newark	OH	43058	Check			
Full Name of Contributor			Registration Number, if PAC			
Sandra Long						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1675 Haft Dr.	Evaluations, Inc.		0	4	0818	\$400.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Reynoldsburg	OH	43068	Check			
Full Name of Contributor			Registration Number, if PAC			
Michele Reynolds						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3408 Sunset Hollow			0	4	1218	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Canal Winchester	OH	43110	Cash			
Full Name of Contributor			Registration Number, if PAC			
Orvell Johns						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7731 Jordan Crossing			0	4	1218	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Reynoldsburg	OH	43068	Cash			
Full Name of Contributor			Registration Number, if PAC			
Brian Carnahan						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5015 Hilliard Green Dr.			0	4	1218	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Hilliard	OH	43026	Cash			
Full Name of Contributor			Registration Number, if PAC			
Jed Hood						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
8490 Landseer Dr.	City of Reynoldsburg		0	4	1218	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Reynoldsburg	OH	43068	Cash			
Full Name of Contributor			Registration Number, if PAC			
Chris Weber						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1932 Chateaugay Way			0	4	1218	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Blacklick	OH	43004	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 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 \$ \$750.00