

## 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		
Michael Smith						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
169 Mill Race Road			0	6	2 9 1 1	45.00
City	State	Zip Code	Form(Cash,Check,etc)			
Granville	O H	43023	Check			
Full Name of Contributor				Registration Number, if PAC		
Mark Gardner						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1694 Stonewall Drive			0	6	2 9 1 1	45.00
City	State	Zip Code	Form(Cash,Check,etc)			
Newark	O H	43055	Check			
Full Name of Contributor				Registration Number, if PAC		
Michael Kozanecki						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
8521 Morning Dew Drive			0	6	2 9 1 1	90.00
City	State	Zip Code	Form			
Reynoldsburg	O H	43068	Check			
Full Name of Contributor				Registration Number, if PAC		
Shaun Petersen						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6530 W. Campus Oval, Ste 210			0	6	2 9 1 1	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
New Albany	O H	43054	Check			
Full Name of Contributor				Registration Number, if PAC		
Carolyn Harris						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1100 Bedlington Court			0	6	2 9 1 1	45.00
City	State	Zip Code	Form(Cash,Check,etc)			
Reynoldsburg	O H	43068	Check			
Full Name of Contributor				Registration Number, if PAC		
Citizens for Mingo						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
12364 Thoroughbred Drive			0	6	2 9 1 1	45.00
City	State	Zip Code	Form(Cash,Check,etc)			
Pickerington	O H	43047	Check			
Full Name of Contributor				Registration Number, if PAC		
James Miller						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6576 Hilmar Drive			0	6	2 9 1 1	90.00
City	State	Zip Code	Form(Cash,Check,etc)			
Westerville	O H	43082	Money Order			

\* 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  

3 440.00
----------

Total expenditures this event  

2 493.92
----------

Page Total \$ 460.00