

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF RAMONA REYES									
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM NO. 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK/CASH		
City		State OH		Zip Code		M D Y 04 04 09		Amount 410.00	
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM NO. 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK/CASH		
City		State OH		Zip Code		M D Y 06 13 09		Amount 800.00	
Full Name of Contributor JAMES SANFILLIPO							Registration Number, if PAC		
Street Address 4561 E. FIFTH AVE				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City COLUMBUS		State OH		Zip Code 43219		M D Y 09 30 09		Amount 193.90	
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM NO. 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK/CASH		
City		State OH		Zip Code		M D Y 08 05 09		Amount 1,131.00	
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM NO. 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK/CASH		
City		State OH		Zip Code		M D Y 08 29 09		Amount 700.00	
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM NO. 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK/CASH		
City		State OH		Zip Code		M D Y 10 12 09		Amount 3,465.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH		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 OH		Zip Code		M D Y		Amount	

* 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)]

\$6,699.90