31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 8/11/09	
Page	

	Prescribed by Secreta	ry of State 03/05			
Name of Committee in Full					
Citizens with McCarty					
Full Name of Contributor Randall A. Reisling			Registration Number, if PAC	Registration Number, if PAC	
Street Address 3178 Ranke Court	Employer/Occupa	Employer/Occupation/Labor Organization*		.00	
City Grove City	Stal te OH	Zip Code 43123	Form (Cash, Check, etc.) Check		
Full Name of Contributor			Registration Number, if PAC		
William L. Phillis		***************************************	M D Y Amount		
Street Address 1019 Torrey Hill Road	Employer/Occupa	ation/Labor Organization*	0 8 1 1 0 9 \$100	.00	
City Columbus	Stal te OH	Zip Code 43123	Form (Cash, Check, etc.) Check		
Full Name of Contributor Karen Anthony			Registration Number, if PAC		
Street Address 6209 Oakhurst Drive	Employer/Occup	Employer/Occupation/Labor Organization*		00	
City Grove City	Sta te	Zip Code 43123	Form (Cash, Check, etc.) Check		
Full Name of Contributor			Registration Number, if PAC		
Hugh W. Garside Jr.					
Street Address 3648 Orders Road	Employer/Occup	Employer/Occupation/Labor Organization*		.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Grove City	OH	43123	Check		
Full Name of Contributor David W. & Bonita Hitchcock			Registration Number, if PAC		
Street Address 2269 Hills Wood Drive	Employer/Occup	Employer/Occupation/Labor Organization*		.00	
City Grove City	Sta te OH	Zip Code 43123	Form (Cash, Check, etc.) Check		
Full Name of Contributor James C. Grube			Registration Number, if PAC		
Street Address 13905 Whispering Court	Employer/Occup	Employer/Occupation/Labor Organization*		00	
City Pickerington	OH State	Zip Code 43147	Form (Cash, Check, etc.) Check		
Full Name of Contributor Thomas E. & Sherry P. Minton			Registration Number, if PAC		
Street Address 1619 Tuscarora Drive	Employer/Occup	Employer/Occupation/Labor Organization*		.00	
City Grove City	Sta te	Zip Code 43123	Form (Cash, Check, etc.) Check		
* Required for contributions from individuals over \$ the individual's business, if any, rather than employelabor organization of which the employees are mem	er should be listed. If two or mor	re employees contribute via pa	outor is self-employed, the occupation a ayroll deduction and exceed the aggregation	nd the name of ate of \$100, the	
Fill in the boxes below only on the last page for this or Transfer the Total contributions for this event to form in the date column	event. a No. 31-A. Under Full Name of	Contributor state "Contributi	ons from form No. 31-E" and list the da	ate of the even	

Total contributions this event	Total expenditures this event.		
		Page Total \$	\$475.00