

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Maria Klemack					
Full Name of Contributor Miren M. Cadiz				Registration Number, if PAC	
Street Address 2627 Brunswick Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11
City Grove City	State Oh	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Pedro J. Cadiz				Registration Number, if PAC	
Street Address 3350 Parkbrook Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11
City Grove City	State Oh	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Frederick L. Hayes				Registration Number, if PAC	
Street Address 2619 Queensway Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11
City Grove City	State Oh	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Joseph L. Mas				Registration Number, if PAC	
Street Address 330 South High St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11
City Columbus	State Oh	Zip Code 43125	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Michael Uhrin				Registration Number, if PAC	
Street Address 5580 Meadow Grove Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11
City Grove City	State Oh	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor 4 Cash Contributions under \$25				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11
City	State	Zip Code	Form(Cash,Check,etc) Cash		Amount 68.71
Full Name of Contributor Maria C. Capocciana				Registration Number, if PAC	
Street Address 1675 Borroe Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11
City Grove City	State Oh	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 20.00

* 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

265.00

Total expenditures this event

100.00

Page Total \$ 303.71