

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

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR RAMSEY				
Full Name of Contributor CHIP RAMSEY			Registration Number, if PAC	
Street Address 3182 STOVENBURGH DR.	Employer/Occupation/Labor Organization*		M 08	D 04
City HILLIARD	State OH	Zip Code 43026	Y 15	Amount 81.24
Form (Cash, Check, etc.) PayPal				
Full Name of Contributor ADAM KOOS			Registration Number, if PAC	
Street Address 8113 SUMMITTOWN DR W	Employer/Occupation/Labor Organization* LIBERTAS WEALTH		M 08	D 04
City DUBLIN	State OH	Zip Code 43016	Y 15	Amount 81.24
Form (Cash, Check, etc.) PayPal				
Full Name of Contributor Paul Rockwell			Registration Number, if PAC	
Street Address 7491 Calhoun Rd	Employer/Occupation/Labor Organization*		M 08	D 04
City OSTLEWATER	State OH	Zip Code 43061	Y 15	Amount 162.79
Form (Cash, Check, etc.) PayPal				
Full Name of Contributor Mark Bowman			Registration Number, if PAC	
Street Address 3124 Serpentine Dr	Employer/Occupation/Labor Organization* NATIONWIDE		M 08	D 06
City Hilliard	State OH	Zip Code 43026	Y 15	Amount 81.24
Form (Cash, Check, etc.) PayPal				
Full Name of Contributor Becky Benson			Registration Number, if PAC	
Street Address 5629 Hardswell DR	Employer/Occupation/Labor Organization*		M 08	D 05
City Hilliard	State OH	Zip Code 43026	Y 15	Amount 81.24
Form (Cash, Check, etc.) PayPal				
Full Name of Contributor JOON CASEY			Registration Number, if PAC	
Street Address 4867 Dori Park Drive	Employer/Occupation/Labor Organization*		M 08	D 05
City Hilliard	State OH	Zip Code 43026	Y 15	Amount 42.47
Form (Cash, Check, etc.) PayPal				
Full Name of Contributor Darren Farrell			Registration Number, if PAC	
Street Address 2813 WYNNE LEAF ST	Employer/Occupation/Labor Organization*		M 07	D 27
City HILLIARD	State OH	Zip Code 43026	Y 15	Amount 81.24
Form (Cash, Check, etc.) PayPal				

* 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

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Total expenditures this event.

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Page Total \$ **609.46**