

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 Larry Jenkins				
Full Name of Contributor Diane Fosselman			Registration Number, if PAC	
Street Address 1260 Autumn Park Court	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 3	Amount \$75.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) check	
Full Name of Contributor Steve Thomas			Registration Number, if PAC	
Street Address 1144 Nautilus Pl.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 3	Amount \$20.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) check	
Full Name of Contributor James E. Davis			Registration Number, if PAC	
Street Address 447 Six Pence Circle	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 3	Amount \$50.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) check	
Full Name of Contributor Richard H. Hoffman			Registration Number, if PAC	
Street Address 5561 Edinvale Lane	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 3	Amount \$20.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) check	
Full Name of Contributor Mark B. Morgan			Registration Number, if PAC	
Street Address 350 Hampton Park North	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 3	Amount \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) check	
Full Name of Contributor Tracy A. Davidson			Registration Number, if PAC	
Street Address 205 Walnut Ridge Lane	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 3	Amount \$50.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) check	
Full Name of Contributor Eric Busch			Registration Number, if PAC	
Street Address 481 Havendale Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 3	Amount \$30.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) check	

* 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

Total expenditures this event.

\$490.00

\$0.00

Page Total \$ 345.00