

Event Date 9/16/09

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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Johnson					
Full Name of Contributor Robert Rains			Registration Number, if PAC		
Street Address 645 Heron Drive		Employer/Occupation/Labor Organization*		M D Y 0 9 1 6 0 9	Amount 30.00
City Galloway	State O h	Zip Code 43219		Form(Cash,Check,etc) check	
Full Name of Contributor Brian and Mary Mulvany			Registration Number, if PAC		
Street Address 4739 Hunting Creek Drive		Employer/Occupation/Labor Organization*		M D Y 0 9 1 6 0 9	Amount 25.00
City Grove City	State O h	Zip Code 43123		Form(Cash,Check,etc) check	
Full Name of Contributor Gary Leasure			Registration Number, if PAC		
Street Address 2485 Milligan Grove		Employer/Occupation/Labor Organization*		M D Y 0 9 1 6 0 9	Amount 50.00
City Grove City	State O h	Zip Code 43123		Form(Cash,Check,etc) check	
Full Name of Contributor Patrick O'Brian			Registration Number, if PAC		
Street Address 4331 Jeney Place		Employer/Occupation/Labor Organization*		M D Y 0 9 1 6 0 9	Amount 25.00
City Grove City	State O h	Zip Code 43123		Form(Cash,Check,etc) check	
Full Name of Contributor Erik Shuey			Registration Number, if PAC		
Street Address 90 W Lakeview Ave		Employer/Occupation/Labor Organization*		M D Y 0 9 1 6 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43123		Form(Cash,Check,etc) check	
Full Name of Contributor H. Fred Ruoff			Registration Number, if PAC		
Street Address 7281 Riverside Drive		Employer/Occupation/Labor Organization*		M D Y 0 9 1 6 0 9	Amount 50.00
City Dublin	State O H	Zip Code 43016		Form(Cash,Check,etc) check	
Full Name of Contributor Stacy Trent-Dick			Registration Number, if PAC		
Street Address 505 Hennigans Grove Road		Employer/Occupation/Labor Organization*		M D Y 0 9 1 6 0 9	Amount 20.00
City Grove City	State O h	Zip Code 43123		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 employer, if any, or the name of the employer should be listed. If the contributor is an employee, the payroll deduction and the name of the employer, 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

1,745.00

Total expenditures this event

0.00

Page Total \$ **250.00**