

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 Marty Kinnaird Padovan				Registration Number, if PAC			
Street Address 1192 Stanhope Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	25.00
City Columbus		State OH	Zip Code 43221	Form(Cash,Check,etc) check			
Full Name of Contributor Lois Rapp				Registration Number, if PAC			
Street Address 1317 Northfield Raod		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	50.00
City Springfield,		State OH	Zip Code 45502	Form(Cash,Check,etc) check			
Full Name of Contributor J. Patrick Calligan				Registration Number, if PAC			
Street Address 4634 Oracle Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	25.00
City Hilliard		State OH	Zip Code 43026	Form(Cash,Check,etc) check			
Full Name of Contributor Rosemary Tolliver				Registration Number, if PAC			
Street Address 3627 Olentangy Boulevard		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	30.00
City Columbus		State OH	Zip Code 43214	Form(Cash,Check,etc) check			
Full Name of Contributor C. K. Fisher				Registration Number, if PAC			
Street Address 3255 Ponderosa Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	25.00
City Columbus		State OH	Zip Code 43204	Form(Cash,Check,etc) check			
Full Name of Contributor William Phillis				Registration Number, if PAC			
Street Address 1039 Torry Hill Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	300.00
City Columbus		State OH	Zip Code 43228	Form(Cash,Check,etc) check			
Full Name of Contributor Elizabeth Timmins				Registration Number, if PAC			
Street Address 3435 Rolling Hills Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	100.00
City Grove City		State OH	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 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

1,745.00

Total expenditures this event

0.00

Page Total \$ <u>555.00</u>
