

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

Prescribed by Secretary of State 03/05

Event Date

10/17/15

Page

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Corbin

Name of Committee in Full Citizens for Lanes					
Full Name of Contributor Gregory E. Hritz				Registration Number, if PAC	
Street Address 2733 Clark Drive		Employer/Occupation/Labor Organization*		M 10	D 16
City Grove City		State OH	Zip Code 43127	Y 15	Amount 100⁰⁰
Form (Cash, Check, etc.) ck					
Full Name of Contributor Thoda K. Staten				Registration Number, if PAC	
Street Address 5960 Grant Run Pl.		Employer/Occupation/Labor Organization*		M 10	D 16
City Grove City		State OH	Zip Code 43123	Y 15	Amount 50⁰⁰
Form (Cash, Check, etc.) ck					
Full Name of Contributor Leslie A. Bostic				Registration Number, if PAC	
Street Address 1898 Seaside Circle		Employer/Occupation/Labor Organization*		M 10	D 16
City Grove City		State OH	Zip Code 43123	Y 15	Amount 30⁰⁰
Form (Cash, Check, etc.) ck					
Full Name of Contributor K. Susan Corbin				Registration Number, if PAC	
Street Address 4460 Hovener Rd		Employer/Occupation/Labor Organization*		M 10	D 17
City Grove City		State OH	Zip Code 43123	Y 15	Amount 150⁰⁰
Form (Cash, Check, etc.) ck					
Full Name of Contributor Amy D. Dawson				Registration Number, if PAC	
Street Address 6084 Winnebago St.		Employer/Occupation/Labor Organization*		M 10	D 17
City Grove City		State OH	Zip Code 43123	Y 15	Amount 100⁰⁰
Form (Cash, Check, etc.) ck					
Full Name of Contributor JAMIE L. HANNON				Registration Number, if PAC	
Street Address 6295 Marshall Day Circle		Employer/Occupation/Labor Organization*		M 10	D 17
City Grove City		State OH	Zip Code 43123	Y 15	Amount 100⁰⁰
Form (Cash, Check, etc.) ck					
Full Name of Contributor Christopher D. Burke				Registration Number, if PAC	
Street Address 1379 Palmy Drive		Employer/Occupation/Labor Organization*		M 10	D 17
City Grove City		State OH	Zip Code 43123	Y 15	Amount 50⁰⁰
Form (Cash, Check, etc.) ck					

* 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.

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Page Total \$

580⁰⁰