

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 RAMOTH			
Full Name of Contributor		Registration Number, if PAC	
LARRY MARIOTH			
Street Address	Employer/Occupation/Labor Organization*	M	D
6229 STUBER LN		08	24
City	State	Y	Amount
HILLIAND	OH	15	\$1.24
Form (Cash, Check, etc.)			
Pay Pal			
Full Name of Contributor		Registration Number, if PAC	
JAN L. NORDER			
Street Address	Employer/Occupation/Labor Organization*	M	D
3911 Appalassa CT		08	05
City	State	Y	Amount
COLUMBUS, OH	OH	15	\$1.24
Form (Cash, Check, etc.)			
Pay Pal			
Full Name of Contributor		Registration Number, if PAC	
KEN LAZAR			
Street Address	Employer/Occupation/Labor Organization*	M	D
3491 Farney Commons DR		08	04
City	State	Y	Amount
HILLIAND, OH	OH	15	\$1.24
Form (Cash, Check, etc.)			
Pay Pal			
Full Name of Contributor		Registration Number, if PAC	
SCOTT BOLES			
Street Address	Employer/Occupation/Labor Organization*	M	D
2338 MCCOY RD.		08	04
City	State	Y	Amount
COLUMBUS	OH	15	100.00
Form (Cash, Check, etc.)			
CASH			
Full Name of Contributor		Registration Number, if PAC	
JUSTIN KELLY			
Street Address	Employer/Occupation/Labor Organization*	M	D
3170 STOVENBROUGH DR.		08	10
City	State	Y	Amount
HILLIAND	OH	15	\$1.24
Form (Cash, Check, etc.)			
Pay Pal			
Full Name of Contributor		Registration Number, if PAC	
MICHELLE UNTCH			
Street Address	Employer/Occupation/Labor Organization*	M	D
3073 STOVENBROUGH DR.		08	13
City	State	Y	Amount
HILLIAND	OH	15	40.47
Form (Cash, Check, etc.)			
Pay Pal			
Full Name of Contributor		Registration Number, if PAC	
SCOTT FONNEY			
Street Address	Employer/Occupation/Labor Organization*	M	D
511 MORNINGSTAR DR.		08	13
City	State	Y	Amount
MANSVILLE, OHIO	OH	15	\$1.24
Form (Cash, Check, etc.)			
Pay Pal			

* 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 \$

546.67