F4 D-4-	0./10./00/1
Event Date	9/18/2011
Page	

Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full Citizens for Ron Grossman	
Full Name of Contributor Deborah J Guzzo Street Address 1700 Dyer Rd City Grove City Full Name of Contributor Benjamin R Brace Street Address 4090 Haughn Road City Grove City Full Name of Contributor Full Name of Contributor State Street Address 18mployer/Occupation/Labor Organization* M D Y Amount O 9 2 0 1 1 City Grove City Full Name of Contributor Full Name of Contributor State Street Address 18mployer/Occupation/Labor Organization* M D Y Amount O 9 2 0 1 1 City Grove City Full Name of Contributor Kelly J Reisling Street Address 18mployer/Occupation/Labor Organization* M D Y Amount O 9 2 0 1 1 City Grove City Full Name of Contributor Kelly J Reisling Street Address 19mployer/Occupation/Labor Organization* M D Y Amount O 9 2 0 1 1 Amount O 9 2 0 1 1 City Grove City Full Name of Contributor Margaret A Reiser Street Address 2ip Code O H 43123 Check Registration Number, if PAC Check Form(Cash, Check, etc) Check Check Check Form(Cash, Check, etc) Check Check Check Form(Cash, Check, etc) Check Check Check Check Full Name of Contributor Check Check Check Check Full Name of Contributor Check Check Check Check Full Name of Contributor Check Check Check Check Check Full Name of Contributor Check Chec	
Full Name of Contributor Deborah J Guzzo Street Address 1700 Dyer Rd City Grove City Full Name of Contributor Benjamin R Brace Street Address 4090 Haughn Road City Grove City Full Name of Contributor Full Name of Contributor State Street Address 18mployer/Occupation/Labor Organization* M D Y Amount O 9 2 0 1 1 City Grove City Full Name of Contributor Full Name of Contributor State Street Address 18mployer/Occupation/Labor Organization* M D Y Amount O 9 2 0 1 1 City Grove City Full Name of Contributor Kelly J Reisling Street Address 18mployer/Occupation/Labor Organization* M D Y Amount O 9 2 0 1 1 City Grove City Full Name of Contributor Kelly J Reisling Street Address 19mployer/Occupation/Labor Organization* M D Y Amount O 9 2 0 1 1 Amount O 9 2 0 1 1 City Grove City Full Name of Contributor Margaret A Reiser Street Address 2ip Code O H 43123 Check Registration Number, if PAC Check Form(Cash, Check, etc) Check Check Check Form(Cash, Check, etc) Check Check Check Form(Cash, Check, etc) Check Check Check Check Full Name of Contributor Check Check Check Check Full Name of Contributor Check Check Check Check Full Name of Contributor Check Check Check Check Check Full Name of Contributor Check Chec	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
State	
Grove City	100.00
Fill Name of Contributor Benjamin R Brace Street Address The Addre	
Field Name of Contributor Benjamin R Brace Street Address Grove City Grove City Grove City State All Name of Contributor Kelly J Reisling Street Address 3178 Ranke Ct. City Grove City Grove City Full Name of Contributor Kelly J Reisling Street Address All Name of Contributor State Grove City Full Name of Contributor Kelly J Reisling Street Address All Name of Contributor State Grove City Full Name of Contributor All D Y Amount O 9 2 0 1 1 Form(Cash, Check, etc) Check Registration Number, if PAC Registration Number, if PAC Registration Number, if PAC Amount O 9 2 0 1 1 Form(Cash, Check, etc) Check Full Name of Contributor Margaret A Reiser Street Address 2895 Annabella Ct. City Grove City Grove City Grove City Grove City Full Name of Contributor Barbara R Grossman Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Amount O 9 2 0 1 1 Amount O 9 2 0 1 1 Amount O 9 2 0 1 1 Form(Cash, Check, etc) Check Registration Number, if PAC Amount O 9 2 0 1 1 Form(Cash, Check, etc) Check Registration Number, if PAC Annount O 9 2 0 1 1 Amount O 9 2 0 1 1 Form(Cash, Check, etc) Check Registration Number, if PAC Form(Cash, Check, etc) Check Full Name of Contributor O H 43123 Grove City Form(Cash, Check, etc) Check Registration Number, if PAC Check Registration Number, if PAC City Grove City Form(Cash, Check, etc) Check Registration Number, if PAC Check Che	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City Grove City Full Name of Contributor Kelly J Reisling Street Address 3178 Ranke Ct. City Grove City Full Name of Contributor Street Address 3178 Ranke Ct. City Grove City Full Name of Contributor M D Y Amount O 9 2 0 1 1 Check Full Name of Contributor Mangaret A Reiser Street Address 219 Code Grove City Full Name of Contributor Mangaret A Reiser Street Address 22895 Annabella Ct. City Grove City Full Name of Contributor Strate Street Address 2895 Annabella Ct. City Grove City Full Name of Contributor Street Address 2895 Annabella Ct. Employer/Occupation/Labor Organization* M D Y Amount O 9 2 0 1 1 Amount O 9 2 0 1 1 Check Forni(Cash, Check, etc) Check Forni(Cash, Check, etc) Check Registration Number, if PAC Forni(Cash, Check, etc) Check Forni(Cash, Check, etc) Check Registration Number, if PAC Street Address Street Address Street Address As P O H 43123 Employer/Occupation/Labor Organization* M D Y Amount O 9 2 0 1 1 Forni(Cash, Check, etc) Check Registration Number, if PAC Forni(Cash, Check, etc) Check Registration Number, if PAC Fornicash, Check, etc) Check Registration Number, if PAC Fornicash, Check, etc) Check Fornicash, Chec	100.00
Full Name of Contributor Kelly J Reisling Street Address 3178 Ranke Ct. City Grove City Full Name of Contributor Street Address 2895 Annabella Ct. City Grove City Full Name of Contributor State State Street Address 2895 Annabella Ct. City Grove City Full Name of Contributor State State Street Address 2895 Annabella Ct. City Grove City Full Name of Contributor State	
Full Name of Contributor Kelly J Reisling Street Address 2895 Annabella Ct. City Grove City Grov	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	100.00
Full Name of Contributor Margaret A Reiser Street Address 2895 Annabella Ct. City Grove City Full Name of Contributor Barbara R Grossman Street Address 3891 N. Broadway City Grove City Grove City Grove City Barbara R Grossman Street Address 3891 N. Broadway City Grove City Grove City Grove City State Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* M D Y Amount O 9 2 0 1 1 Amount O 9 2 0 1 1 Form(Cash, Check, etc) Check Form(Cash, Check, etc) Check Grove City Grove City Grove City Grove City Form(Cash, Check, etc) Check Form(Cash, Check, etc) Check Registration Number, if PAC Form(Cash, Check, etc) Check Registration Number, if PAC	
Full Name of Contributor Margaret A Reiser Street Address 2895 Annabella Ct. City Grove City Full Name of Contributor Barbara R Grossman Street Address 3891 N. Broadway City Grove City Grove City State Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State City Grove City State Check Employer/Occupation/Labor Organization* M D Y Amount 0 9 2 0 1 1 Amount 0 9 2 0 1 1 Amount City Grove City State City Grove City Form(Cash, Check, etc) Check Registration Number, if PAC	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City State Zip Code Check Full Name of Contributor Registration Number, if PAC Street Address State City Check Street Address State City Cocupation/Labor Organization* Grove City State City Code City Check Form(Cash,Check,etc) Check State City Code City Check Form(Cash,Check,etc) Check Full Name of Contributor Check Full Name of Check Full Name	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	50.00
Full Name of Contributor Barbara R Grossman Street Address 3891 N. Broadway City Grove City Full Name of Contributor Deborah A Sheridan Street Address P O Box Registration Number, if PAC Registration Number, if PAC M D Y Amount 0 9 2 0 1 1 City Check Registration Number, if PAC Form(Cash,Check,etc) Check Registration Number, if PAC O H 43123 Check Registration Number, if PAC Amount 0 9 2 0 1 1	
Full Name of Contributor Barbara R Grossman Street Address 3891 N. Broadway City Grove City Full Name of Contributor Deborah A Sheridan Street Address P O Box Registration Number, if PAC Registration Number, if PAC Amount $0 \mid 9 \mid 2 \mid 0 \mid 1 \mid 1$ State $0 \mid H \mid 43123$ Forn(Cash, Check, etc) Check Registration Number, if PAC Amount $0 \mid 9 \mid 2 \mid 0 \mid 1 \mid 1$ Amount $0 \mid 9 \mid 2 \mid 0 \mid 1 \mid 1$	
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	50.00
Full Name of Contributor Deborah A Sheridan Street Address P O Box Registration Number, if PAC M D Y Amount $0 \mid 9 \mid 2 \mid 0 \mid 1 \mid 1$	
Full Name of Contributor Deborah A Sheridan Street Address PO Box Registration Number, if PAC Registration Number, if PAC M D Y Amount 0 9 2 0 1 1 1	
Street Address Employer/Occupation/Labor Organization* M D Y Amount POBox 0 9 2 0 1 1	
Street Address Employer/Occupation/Labor Organization* M D Y Amount P O Box 0 9 2 0 1 1	
1 0 30%	
	100.00
City State Zip Code Form(Cash, Check, etc)	
Grove City O H 43123 Check	
Full Name of Contributor Registration Number, if PAC	
Linda D Swearingen	
Street Address Employer/Occupation/Labor Organization* M D Y Amount	
2303 Milligan Grove 0 9 2 0 1 1 1	100.00
City State Zip Code Form(Cash,Check,etc)	
Grove City O H 43123 Check	

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	Т	otal expenditures this event	
	. [•	Page Total \$ 600.00
2.425.00		590.48	

^{*} 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)]