

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Ron Grossman				
Full Name of Contributor Gary L Leasure			Registration Number, if PAC	
Street Address 4780 Saint Andrews Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 1	Amount 50.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Judith A Molino			Registration Number, if PAC	
Street Address 1 Miranova Pl., #1105	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 1	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Marvin C Holt			Registration Number, if PAC	
Street Address 2915 Buxton Lane	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 1	Amount 25.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Annabelle Robinson			Registration Number, if PAC	
Street Address 2315 Milligan Grove	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 1	Amount 100.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Jack H McClure			Registration Number, if PAC	
Street Address 3010 Crabapple Pl	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 1	Amount 25.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Helen Mesko			Registration Number, if PAC	
Street Address 4198 Patzer ave	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 1	Amount 100.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Betty D Montgomery			Registration Number, if PAC	
Street Address 1164 Dawn Dr.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 1	Amount 50.00
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 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

Total expenditures this event

Page Total \$ 450.00