

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to Elect Marjorie Brant			
Full Name of Contributor Carol Ciabattoni		Registration Number, if PAC	
Street Address 6174 Meadow Wood Ln	Employer/Occupation/Labor Organization*	M D Y 0 9 2 5 1 1	Amount \$50.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) check
Full Name of Contributor Samuel J Dugan		Registration Number, if PAC	
Street Address 3773 Santa Maria Dr	Employer/Occupation/Labor Organization*	M D Y 0 9 2 5 1 1	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) check
Full Name of Contributor Phyllis D. Gibbs		Registration Number, if PAC	
Street Address 2602 Bryan Circle	Employer/Occupation/Labor Organization*	M D Y 0 9 2 5 1 1	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) check
Full Name of Contributor Cathy E. Howard		Registration Number, if PAC	
Street Address 2688 Brinkman Dr	Employer/Occupation/Labor Organization*	M D Y 0 9 2 5 1 1	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) check
Full Name of Contributor Arlen D. Miller		Registration Number, if PAC	
Street Address 2652 Dolores Dr	Employer/Occupation/Labor Organization*	M D Y 0 9 2 5 1 1	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) check
Full Name of Contributor Margaret Allison Reiser		Registration Number, if PAC	
Street Address 2895 Annabelle Ct.	Employer/Occupation/Labor Organization*	M D Y 0 9 2 5 1 1	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) check
Full Name of Contributor Janet S. Shailer		Registration Number, if PAC	
Street Address 6269 Rising Sun Dr	Employer/Occupation/Labor Organization*	M D Y 0 9 2 5 1 1	Amount \$30.00
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 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

\$0.00

Total expenditures this event.

\$0.00Page Total \$ **\$430.00**