

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

Prescribed by Secretary of State 03/05

Grossman Linn Ruppert

Name of Committee in Full <i>Citizens for Honore</i>				
Full Name of Contributor <i>Betty L. Seese</i>			Registration Number, if PAC	
Street Address <i>3256 Bielstead Dr.</i>	Employer/Occupation/Labor Organization*		M <i>09</i> D <i>27</i> Y <i>15</i>	Amount <i>50.00</i>
City <i>Grove City</i>	State <i>OH</i>	Zip Code <i>43123</i>	Form (Cash, Check, etc.) <i>ck</i>	
Full Name of Contributor <i>Richard L. Stage</i>			Registration Number, if PAC	
Street Address <i>2733 Woodbury Dr</i>	Employer/Occupation/Labor Organization*		M <i>09</i> D <i>27</i> Y <i>15</i>	Amount <i>50.00</i>
City <i>Grove City</i>	State <i>OH</i>	Zip Code <i>43123</i>	Form (Cash, Check, etc.) <i>ck</i>	
Full Name of Contributor <i>Audray Cox</i>			Registration Number, if PAC	
Street Address <i>3881 Tamera Dr.</i>	Employer/Occupation/Labor Organization*		M <i>09</i> D <i>27</i> Y <i>15</i>	Amount <i>35.00</i>
City <i>Grove City</i>	State <i>OH</i>	Zip Code <i>43123</i>	Form (Cash, Check, etc.) <i>ck</i>	
Full Name of Contributor <i>Jim Rourke for Trustee, Beavercreek Township</i>			Registration Number, if PAC	
Street Address <i>4090 Haughw. Rd</i>	Employer/Occupation/Labor Organization*		M <i>09</i> D <i>27</i> Y <i>15</i>	Amount <i>100.00</i>
City <i>Grove City</i>	State	Zip Code	Form (Cash, Check, etc.) <i>ck</i>	
Full Name of Contributor <i>Contributions of 25.00 or less Total 2</i>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M <i>09</i> D <i>27</i> Y <i>15</i>	Amount <i>95.00</i>
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount

* 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

1,230 —

Total expenditures this event.

— 0 —

Page Total \$

330.00