

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens with McCarty					
Full Name of Contributor Erik D. Shuey				Registration Number, if PAC	
Street Address 90 W. Lakeview Avenue		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43202	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Scott A. Cunningham					
Street Address 4716 Glen Lakes Drive		Employer/Occupation/Labor Organization*		M 0	D 8
City Powell		State OH	Zip Code 43065	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Deborah C. Bowers					
Street Address 4753 Coolbrook Drive		Employer/Occupation/Labor Organization*		M 0	D 8
City Hilliard		State OH	Zip Code 43026	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Donold L. & Jane A. Spung					
Street Address 245 Carilla Lane		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43228	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Joseph E. & Kathleen M. Clark					
Street Address 2769 Buxton Lane		Employer/Occupation/Labor Organization*		M 0	D 8
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$20.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Dan T. Witteman					
Street Address 1578 Tuscarora Drive		Employer/Occupation/Labor Organization*		M 0	D 8
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Scott D. Deubner					
Street Address 4684 Merit Drive		Employer/Occupation/Labor Organization*		M 0	D 8
City Hilliard		State OH	Zip Code 43026	Y 1	Amount \$50.00
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

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Total expenditures this event.

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Page Total \$ **\$245.00**