

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 Dawn A. Lauridsen-Long				Registration Number, if PAC	
Street Address 6300 Rager Road		Employer/Occupation/Labor Organization*		M 0	D 9
City Groveport		State OH	Zip Code 43125	Y 0	Amount \$25.00
Full Name of Contributor H. Fred Ruoff				Registration Number, if PAC	
Street Address 7281 Riverside Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Dublin		State OH	Zip Code 43016	Y 1	Amount \$50.00
Full Name of Contributor Frank T. & Georgine S. Collette				Registration Number, if PAC	
Street Address 3844 Stonestrow Lane		Employer/Occupation/Labor Organization*		M 0	D 9
City Hilliard		State OH	Zip Code 43026	Y 1	Amount \$25.00
Full Name of Contributor Robert F. & Kelley A. Rains				Registration Number, if PAC	
Street Address 645 Heron Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Galloway		State OH	Zip Code 43119	Y 1	Amount \$30.00
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	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

Total expenditures this event.

\$2,009.00

\$835.93

Page Total \$ 130.00