

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Boyd				
Full Name of Contributor George Arnold			Registration Number, if PAC	
Street Address 3020 Dale Ave	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$150.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Donna Ruscitti			Registration Number, if PAC	
Street Address 1608 Preston Woods Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$500.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor David Baas			Registration Number, if PAC	
Street Address 763 Groveport Pike	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$250.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) Check	
Full Name of Contributor Deborah Pryce			Registration Number, if PAC	
Street Address 2065 Tremont Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$500.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles Gehring			Registration Number, if PAC	
Street Address 706 Greenwich St	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$250.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brian Tierney			Registration Number, if PAC	
Street Address 1685 Arlington Ave	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$500.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Citizens for Grossman			Registration Number, if PAC	
Street Address 3955 Brown Pike Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$500.00
City Hilliard	State OH	Zip Code 43026	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 \$ 2,650.00