

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Johnson				
Full Name of Contributor Scott Deubner			Registration Number, if PAC	
Street Address 4684 Merit Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 1 6 0 9	Amount 50.00
City Hilliard	State O h	Zip Code 43026	Form(Cash,Check,etc) check	
Full Name of Contributor Nedra Houston			Registration Number, if PAC	
Street Address 3355 Pebble Beach Rd W	Employer/Occupation/Labor Organization*		M D Y 0 9 1 6 0 9	Amount 100.00
City Grove City	State o h	Zip Code 43123	Form(Cash,Check,etc) check	
Full Name of Contributor Emily Wildman			Registration Number, if PAC	
Street Address 3116 Pratt Lane	Employer/Occupation/Labor Organization*		M D Y 0 9 1 6 0 9	Amount 50.00
City Grove City	State o h	Zip Code 43123	Form(Cash,Check,etc) check	
Full Name of Contributor Christy Pearl			Registration Number, if PAC	
Street Address 2154 Green Island Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 1 6 0 9	Amount 25.00
City Columbus	State o h	Zip Code 43225	Form(Cash,Check,etc) check	
Full Name of Contributor Ronald Aufderheide			Registration Number, if PAC	
Street Address 2781 Bunty Station Road	Employer/Occupation/Labor Organization*		M D Y 0 9 1 6 0 9	Amount 300.00
City Delaware	State O H	Zip Code 43015	Form(Cash,Check,etc) check	
Full Name of Contributor Pamela Koch			Registration Number, if PAC	
Street Address 8777 Riebel Road	Employer/Occupation/Labor Organization*		M D Y 0 9 1 6 0 9	Amount 10.00
City Galloway	State O H	Zip Code 43219	Form(Cash,Check,etc) check	
Full Name of Contributor Karen Anthony			Registration Number, if PAC	
Street Address 6209 Oakhurst Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 1 6 0 9	Amount 50.00
City Grove City	State o h	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 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

1,745.00

Total expenditures this event

0.00

Page Total \$ 585.00