

# 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 Citizens for Mingo			Registration Number, if PAC	
Street Address 12364 Thoroughbred Dr	Employer/Occupation/Labor Organization*		M   D   Y 0   5   18   1   6	Amount \$200.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Friends of Cornell Robertson			Registration Number, if PAC	
Street Address 5434 Schatz Ln	Employer/Occupation/Labor Organization*		M   D   Y 0   5   18   1   6	Amount \$100.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Arnold			Registration Number, if PAC	
Street Address 3020 Dale Ave	Employer/Occupation/Labor Organization*		M   D   Y 0   5   18   1   6	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ralph Harris			Registration Number, if PAC	
Street Address 7555 Braeburn Ct	Employer/Occupation/Labor Organization*		M   D   Y 0   5   18   1   6	Amount \$25.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Berry for Grove City			Registration Number, if PAC	
Street Address 3311 Summer Glen Dr	Employer/Occupation/Labor Organization*		M   D   Y 0   5   25   1   6	Amount \$25.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Adam Slane			Registration Number, if PAC	
Street Address 5330 Sawatch Dr	Employer/Occupation/Labor Organization*		M   D   Y 0   5   25   1   6	Amount \$25.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Stage			Registration Number, if PAC	
Street Address 2733 Woodgrove Dr	Employer/Occupation/Labor Organization*		M   D   Y 0   5   25   1   6	Amount \$50.00
City Grove City	State OH	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 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 \$ 525.00