

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						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
Hugh W. Garside, Jr.						0	9	1	6	0	9	50.00
3648 Orders Road						Form(Cash,Check,etc)						
City			State		Zip Code	check						
Grove City			OH		43123							
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
Scott Cunningham						0	9	1	6	0	9	25.00
4716 Glen Lakes Drive						Form(Cash,Check,etc)						
City			State		Zip Code	check						
Powell			OH		43065							
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
Hubert Watson						0	9	1	6	0	9	50.00
6108 Hedge Avenue						Form(Cash,Check,etc)						
City			State		Zip Code	check						
Cincinnati			OH		45213							
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
James C. Gruge						0	9	1	6	0	9	75.00
13905 Whispering Court						Form(Cash,Check,etc)						
City			State		Zip Code	check						
Pickerington			OH		43147							
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
Sherry Minton						0	9	1	6	0	9	50.00
1619 Tuscarora						Form(Cash,Check,etc)						
City			State		Zip Code	check						
Grove City			OH		43123							
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
Joyce Malainy						0	9	1	6	0	9	50.00
13713 Jug St Rd NW						Form(Cash,Check,etc)						
City			State		Zip Code	check						
Johnstown			OH		43031							
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
Melanie Warner						0	9	1	6	0	9	25.00
3982 Orchard Lane						Form(Cash,Check,etc)						
City			State		Zip Code	check						
Grove City			OH		43123							

* 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 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 \$ 325.00