

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Ron Grossman					
Full Name of Contributor Gary L Leasure				Registration Number, if PAC	
Street Address 4780 Saint Andrews Dr	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2011
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Judith A Molino				Registration Number, if PAC	
Street Address 1 Miranova Pl., #1105	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2011
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Marvin C Holt				Registration Number, if PAC	
Street Address 2915 Buxton Lane	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2011
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Annabelle Robinson				Registration Number, if PAC	
Street Address 2315 Milligan Grove	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2011
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Jack H McClure				Registration Number, if PAC	
Street Address 3010 Crabapple Pl	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2011
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Helen Mesko				Registration Number, if PAC	
Street Address 4198 Patzer ave	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2011
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Betty D Montgomery				Registration Number, if PAC	
Street Address 1164 Dawn Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2011
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 50.00

* 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

Total expenditures this event

Page Total \$ 450.00