

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

Prescribed by Secretary of State 03/05

Grove City High School

Name of Committee in Full				Registration Number, if PAC			
Citizens For Homeless							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Michael Whrin				09	27	15	150 ⁰⁰
Street Address		City		Form (Cash, Check, etc.)			
5580 WINDY GROVE DR.		Grove City		ck			
State		Zip Code					
OH		43123					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Bonnie S. Swanson				09	27	15	250 ⁰⁰
Street Address		City		Form (Cash, Check, etc.)			
2737 Clark Drive		Grove City		ck			
State		Zip Code					
OH		43123					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Monica T. Walter				09	27	15	150 ⁰⁰
Street Address		City		Form (Cash, Check, etc.)			
2638 Hoover Crossing Way		Grove City		ck			
State		Zip Code					
OH		43123					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Janet S. Shriker				09	27	15	100 ⁰⁰
Street Address		City		Form (Cash, Check, etc.)			
6269 Rising Sun Dr.		Grove City		ck			
State		Zip Code					
OH		43123					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Rodney I. Erkin				09	27	15	100 ⁰⁰
Street Address		City		Form (Cash, Check, etc.)			
3171 Orders Rd		Grove City		ck			
State		Zip Code					
OH		43123					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Randall A. Reising				09	27	15	100 ⁰⁰
Street Address		City		Form (Cash, Check, etc.)			
3173 Rawlce Ct		Grove City		ck			
State		Zip Code					
OH		43123					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Sue Whittier				09	27	15	50 ⁰⁰
Street Address		City		Form (Cash, Check, etc.)			
3233 Farmbrook Dr.		Grove City		ck			
State		Zip Code					
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 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

Total expenditures this event.

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Page Total \$

900⁰⁰