

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

Prescribed by Secretary of State 03/05

Pinner

Name of Committee in Full			
Citizens for Corbin			
Full Name of Contributor		Registration Number, if PAC	
Lois A. Lyons			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2645 V. Lilly Circle W.		10 21 11	50 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)
Grove City	OH	43123	ck
Full Name of Contributor		Registration Number, if PAC	
Russ & Bonnie Feuzs			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2593 V. Lilly Circle East		10 21 11	50 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)
Grove City	OH	43123	ck
Full Name of Contributor		Registration Number, if PAC	
Francis P. Bladk			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1581 Chestnut Farm Road		10 21 11	20 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)
Grove City	OH	43123	ck
Full Name of Contributor		Registration Number, if PAC	
William C. Myers			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2681 Melrose Ave.		10 21 11	50 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)
Grove City	OH	43123	ck
Full Name of Contributor		Registration Number, if PAC	
Sandra L. Harger			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3323 Park St.		10 21 11	50 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)
Grove City	OH	43123	ck
Full Name of Contributor		Registration Number, if PAC	
Coral A. Brown Field			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3862 Hardman Dr.		10 21 11	50 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)
Grove City	OH	43123	ck
Full Name of Contributor		Registration Number, if PAC	
Shirley Spurgeon			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
6120 Trojovis Ct.		10 21 11	50 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)
Grove City	OH	43123	ck

* 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 \$ 320⁰⁰