

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 ROMNEY				
Full Name of Contributor LARRY MARIOTH			Registration Number, if PAC	
Street Address 6229 STROER LN	Employer/Occupation/Labor Organization*		M D Y 08 27 15	Amount \$1.24
City HILLIARD	State OH	Zip Code 43026	Form (Cash, Check, etc.) Pay Pal	
Full Name of Contributor JAN LINONER			Registration Number, if PAC	
Street Address 3911 Appalossa CT	Employer/Occupation/Labor Organization*		M D Y 08 05 15	Amount \$1.24
City COLUMBUS, OH	State OH	Zip Code 43221	Form (Cash, Check, etc.) Pay Pal	
Full Name of Contributor KEN LAZAR			Registration Number, if PAC	
Street Address 3491 Farney Commons DR	Employer/Occupation/Labor Organization*		M D Y 08 04 15	Amount \$1.24
City HILLIARD, OH	State OH	Zip Code 43026	Form (Cash, Check, etc.) Pay Pal	
Full Name of Contributor SCOTT BOLES			Registration Number, if PAC	
Street Address 2338 MCCOY RD.	Employer/Occupation/Labor Organization*		M D Y 08 04 15	Amount 100.00
City COLUMBUS	State OH	Zip Code 43220	Form (Cash, Check, etc.) CASH	
Full Name of Contributor JUSTIN KELLY			Registration Number, if PAC	
Street Address 3170 STOVENBURN DR.	Employer/Occupation/Labor Organization*		M D Y 08 10 15	Amount \$1.24
City HILLIARD	State OH	Zip Code 43026	Form (Cash, Check, etc.) Pay Pal	
Full Name of Contributor MICHELLE UNTCH			Registration Number, if PAC	
Street Address 3073 STOVENBURN DR.	Employer/Occupation/Labor Organization*		M D Y 08 13 15	Amount 40.47
City HILLIARD	State OH	Zip Code 43026	Form (Cash, Check, etc.) Pay Pal	
Full Name of Contributor SCOTT FORNEY			Registration Number, if PAC	
Street Address 511 MORNINGSTAR DR.	Employer/Occupation/Labor Organization*		M D Y 08 13 15	Amount \$1.24
City MANSVILLE, OHIO	State OH	Zip Code 43040	Form (Cash, Check, etc.) Pay Pal	

* 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 \$

546.67