

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

Prescribed by Secretary of State 03/05

 Event Date 10/23/11  
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Prime

Name of Committee in Full <u>Citizens for Gorbun</u>					
Full Name of Contributor <u>Debra S. Tescac</u>				Registration Number, if PAC	
Street Address <u>2473 Milligan Grove</u>		Employer/Occupation/Labor Organization*		M <u>1</u>	D <u>0</u>
City <u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>	Y <u>1</u>	Amount <u>40<sup>00</sup></u>
Form (Cash, Check, etc.) <u>ck</u>					
Full Name of Contributor <u>Douglas C. Wallace</u>				Registration Number, if PAC	
Street Address <u>55152 Grant Run Place</u>		Employer/Occupation/Labor Organization*		M <u>1</u>	D <u>0</u>
City <u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>	Y <u>1</u>	Amount <u>100<sup>00</sup></u>
Form (Cash, Check, etc.) <u>ck</u>					
Full Name of Contributor <u>Cathy Heasler</u>				Registration Number, if PAC	
Street Address <u>4780 Saint Andrews Dr.</u>		Employer/Occupation/Labor Organization*		M <u>1</u>	D <u>0</u>
City <u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>	Y <u>1</u>	Amount <u>50<sup>00</sup></u>
Form (Cash, Check, etc.) <u>ck</u>					
Full Name of Contributor <u>Neil E. Lamm</u>				Registration Number, if PAC	
Street Address <u>55145 Grant Run Place</u>		Employer/Occupation/Labor Organization*		M <u>1</u>	D <u>0</u>
City <u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>	Y <u>1</u>	Amount <u>50<sup>00</sup></u>
Form (Cash, Check, etc.) <u>ck</u>					
Full Name of Contributor <u>Constance D. Parrott</u>				Registration Number, if PAC	
Street Address <u>6211 Beaver Lake Dr.</u>		Employer/Occupation/Labor Organization*		M <u>1</u>	D <u>0</u>
City <u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>	Y <u>1</u>	Amount <u>50<sup>00</sup></u>
Form (Cash, Check, etc.) <u>ck</u>					
Full Name of Contributor <u>Barbara M. Somers</u>				Registration Number, if PAC	
Street Address <u>4189 Hillswood Ct.</u>		Employer/Occupation/Labor Organization*		M <u>1</u>	D <u>0</u>
City <u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>	Y <u>1</u>	Amount <u>100<sup>00</sup></u>
Form (Cash, Check, etc.) <u>ck</u>					
Full Name of Contributor <u>Michael G. Mockman</u>				Registration Number, if PAC	
Street Address <u>4717 Nicholas Point Dr.</u>		Employer/Occupation/Labor Organization*		M <u>1</u>	D <u>0</u>
City <u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>	Y <u>1</u>	Amount <u>100<sup>00</sup></u>
Form (Cash, Check, etc.) <u>ck</u>					

\* 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 \$ 400<sup>00</sup>