

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 Lisa D Dubos				Registration Number, if PAC	
Street Address 1048 Pinnacle Club Dr	Employer/Occupation/Labor Organization*			M D Y 0 9 2 0 1 1	Amount 100.00
City Grove City	State O H	Zip Code 43123		Form(Cash,Check,etc) Check	
Full Name of Contributor Linda R Stotts				Registration Number, if PAC	
Street Address 6141 Grant Run Pl.	Employer/Occupation/Labor Organization*			M D Y 0 9 2 0 1 1	Amount 100.00
City Grove City	State O H	Zip Code 43123		Form(Cash,Check,etc) Check	
Full Name of Contributor Yeou-Long Shyu				Registration Number, if PAC	
Street Address 1947 Stringtown Rd	Employer/Occupation/Labor Organization*			M D Y 0 9 2 0 1 1	Amount 150.00
City Grove City	State O H	Zip Code 43123		Form(Cash,Check,etc) Check	
Full Name of Contributor Randy A Johnson				Registration Number, if PAC	
Street Address 3136 Park St.	Employer/Occupation/Labor Organization*			M D Y 0 9 2 0 1 1	Amount 25.00
City Grove City	State O H	Zip Code 43123		Form(Cash,Check,etc) Check	
Full Name of Contributor David A Roasa				Registration Number, if PAC	
Street Address 2407 Marha's Woods	Employer/Occupation/Labor Organization*			M D Y 0 9 2 0 1 1	Amount 100.00
City Grove City	State O H	Zip Code 43123		Form(Cash,Check,etc) Check	
Full Name of Contributor Deborah T Whitt				Registration Number, if PAC	
Street Address 6058 Winnebago St	Employer/Occupation/Labor Organization*			M D Y 0 9 2 0 1 1	Amount 100.00
City Grove City	State O H	Zip Code 43123		Form(Cash,Check,etc) Check	
Full Name of Contributor Neil Elam				Registration Number, if PAC	
Street Address 5945 Grant Run Pl.	Employer/Occupation/Labor Organization*			M D Y 0 9 2 0 1 1	Amount 150.00
City Grove City	State O H	Zip Code 43123		Form(Cash,Check,etc) Check	

* 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 \$ 725.00