## 

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

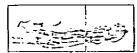
Prescribed by Secretary of State 03/05

Name of Committee in Full S'chottice for G C			
Full Name of Contributor			Registration Number, if PAC
Audry N. Hardy Street Address		. <u> </u>	<u> </u>
	Employer/Occupation/Labor Organization*		M D Y Amount
4693 Heatherbland Ct	Sta te	Zip Code	10 13 15 25, 00
1 To		43113-3489	CK
Grove City Full Name of Contributor	1	1.0120 3401	Registration Number, if PAC
Street Address Employer/Occupation/Labor Organization*			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
3313 Paris St.	Sta te Zip Code		10 11 15 100, 00
	1	43123	CK
Grove City Full Name of Contributor	1 - 1	10.20	Registration Number, if PAC
Kate Claria  Street Address  Francoi Occupation (1 abor Organization)			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
2769 Buxton Lane	la: o l		101215 50, ce
Grove City	Sta te	Zip Code 43123	Cash Check, etc.)
Full Name of Contributor	<u> </u>	93123	Registration Number, if PAC
Joe Clark Street Address			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
2769 Buxton Lane		Tar. c. i	101115 50,00
Grove City	Sta te	Zip Code 43123	Cash Check, etc.)
Debra 5, Hart-Cohrn Street Address Employer/Occupation/Labor Organization*  M. D. Y. Amount			
Street Address 824 S. High Street	Employer/Occupation/Labor Organization*		M D N Amount 100,00
1°'''2	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus Full Name of Contributor	OH	43206	Registration Number, if PAC
			registration (value), if the
Lloyd D. Cohrn  Street Address Employer/Occupation/Labor Organization*			M D Y Amount
1353 Pinnacle Club Driv.	16 Drive		101215 100,00
City Grove City	State	Zip Code   43123	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Robert K. Whittier		16 18 1	
Robert K. Whittier Street Address 3233 Farm brook Dr	Employer/Occupation/Labor Organization*		101215 50,00
Grove City	Sta te	Zip Code 43123-4802	Form (Cash, Check, etc.)
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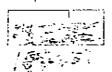
Fill in the boxes below only on the last page for this event.

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 S 475.00

<sup>\*</sup> 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)]