

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

Prescribed by Secretary of State 03/05

Charles Keight

Event Date	10/14/13
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Name of Committee in Full		Catholics for Lebanon	
Full Name of Contributor	Christine A. Hawk	City	Grove City
Street Address	2099 Stargass Ave	Zip Code	43123
Employer/Occupation/Labor Organization		State	OH
Registration Number, if PAC		Form (Cash, Check, etc.)	cc
Amount	100.00	Id	101413
Full Name of Contributor	Mary E. Gamble	City	Grove City
Street Address	2467 MARTIN'S WAY	Zip Code	43123
Employer/Occupation/Labor Organization		State	OH
Registration Number, if PAC		Form (Cash, Check, etc.)	cc
Amount	25.00	Id	101413
Full Name of Contributor	Randall A. Reising	City	Grove City
Street Address	3178 Rayko Ct	Zip Code	43122
Employer/Occupation/Labor Organization		State	OH
Registration Number, if PAC		Form (Cash, Check, etc.)	cc
Amount	50.00	Id	101413
Full Name of Contributor	Susan L. Atkinson	City	Grove City
Street Address	4660 Jackson Pike	Zip Code	43123
Employer/Occupation/Labor Organization		State	OH
Registration Number, if PAC		Form (Cash, Check, etc.)	cc
Amount	100.00	Id	101413
Full Name of Contributor	Leticia A. Bastie	City	Grove City
Street Address	1899 Sausal Circle	Zip Code	43123
Employer/Occupation/Labor Organization		State	OH
Registration Number, if PAC		Form (Cash, Check, etc.)	cc
Amount	50.00	Id	101413
Full Name of Contributor	Beth L. Seese	City	Grove City
Street Address	3252 Bristow Dr	Zip Code	43123
Employer/Occupation/Labor Organization		State	OH
Registration Number, if PAC		Form (Cash, Check, etc.)	cc
Amount	50.00	Id	101413
Full Name of Contributor	Laura J. Black	City	Grove City
Street Address	2152 Birch Bark Trail	Zip Code	43123
Employer/Occupation/Labor Organization		State	OH
Registration Number, if PAC		Form (Cash, Check, etc.)	cc
Amount	50.00	Id	101413

* 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	625-
Total expenditures this event	-0-
Page Total	425.00