

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 Joyce m Janczak				Registration Number, if PAC	
Street Address 1221 London-Groveport Road		Employer/Occupation/Labor Organization*		M 0	D 9
City Grove City		State O H	Zip Code 43123	Y 1	Amount 200.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Trudy A Funk				Registration Number, if PAC	
Street Address 1283 White Road		Employer/Occupation/Labor Organization*		M 0	D 9
City Grove City		State O H	Zip Code 43123	Y 1	Amount 100.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Cynthia A Corbin				Registration Number, if PAC	
Street Address 2485 Milligan Grove		Employer/Occupation/Labor Organization*		M 0	D 9
City Grove City		State O H	Zip Code 43123	Y 1	Amount 50.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Orlando A Alonso				Registration Number, if PAC	
Street Address 6671 Darby Road		Employer/Occupation/Labor Organization*		M 0	D 9
City Circleville		State O H	Zip Code 43113	Y 1	Amount 50.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Julie L Oyster				Registration Number, if PAC	
Street Address 5985 Grant Run Pl		Employer/Occupation/Labor Organization*		M 0	D 9
City Grove City		State O H	Zip Code 43123	Y 1	Amount 100.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Dean Kiourtsis				Registration Number, if PAC	
Street Address 4024 Glenda Plance		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State O H	Zip Code 43220	Y 1	Amount 50.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Dean Ringle				Registration Number, if PAC	
Street Address 865 Macon Alley		Employer/Occupation/Labor Organization* Dean Ringle for Engineer		M 0	D 9
City Columbus		State O H	Zip Code 43206	Y 1	Amount 100.00
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 \$ 650.00