

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens with McCarty				
Full Name of Contributor Gregory M. Kostelac			Registration Number, if PAC	
Street Address 155 W. Main St. Waterford Tower #803	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$54.00
Full Name of Contributor Les Bostic			Registration Number, if PAC	
Street Address 1898 Seaside Circle	Employer/Occupation/Labor Organization*		M 0	D 8
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$25.00
Full Name of Contributor Gregory M. Grinch			Registration Number, if PAC	
Street Address 2560 Bryan Circle	Employer/Occupation/Labor Organization*		M 0	D 8
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$50.00
Full Name of Contributor James E. & Janet Y. Lester			Registration Number, if PAC	
Street Address 2821 Homecomer Drive	Employer/Occupation/Labor Organization*		M 0	D 8
City Grove City	State OH	Zip Code 43123	Y 2	Amount \$50.00
Full Name of Contributor Mark E. Waller			Registration Number, if PAC	
Street Address 14504 Maple Avenue	Employer/Occupation/Labor Organization*		M 0	D 8
City Lakeview	State OH	Zip Code 43331	Y 2	Amount \$25.00
Full Name of Contributor Mark M. Shaw			Registration Number, if PAC	
Street Address 4165 Haughn Road	Employer/Occupation/Labor Organization*		M 0	D 8
City Grove City	State OH	Zip Code 43123	Y 2	Amount \$50.00
Full Name of Contributor Francis C. & Deloris Shipley			Registration Number, if PAC	
Street Address 2583 McDaniel Court	Employer/Occupation/Labor Organization*		M 0	D 9
City Grove City	State OH	Zip Code 43123	Y 0	Amount \$25.00

* 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

Total expenditures this event.

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Page Total \$ **\$279.00**