

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 Deborah J Guzzo				Registration Number, if PAC	
Street Address 1700 Dyer Rd	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 Benjamin R Brace				Registration Number, if PAC	
Street Address 4090 Haughn Road	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 Kelly J Reisling				Registration Number, if PAC	
Street Address 3178 Ranke Ct.	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 Margaret A Reiser				Registration Number, if PAC	
Street Address 2895 Annabella Ct.	Employer/Occupation/Labor Organization*			M D Y 0 9 2 0 1 1	Amount 50.00
City Grove City	State O H	Zip Code 43123		Form(Cash,Check,etc) Check	
Full Name of Contributor Barbara R Grossman				Registration Number, if PAC	
Street Address 3891 N. Broadway	Employer/Occupation/Labor Organization*			M D Y 0 9 2 0 1 1	Amount 50.00
City Grove City	State O H	Zip Code 43123		Form(Cash,Check,etc) Check	
Full Name of Contributor Deborah A Sheridan				Registration Number, if PAC	
Street Address P O Box	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 D Swearingen				Registration Number, if PAC	
Street Address 2303 Milligan Grove	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	

* 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

2,425.00

Total expenditures this event

590.48

Page Total \$ 600.00