31-E R.C. 3517.10(B)

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

Event	Date_ 8/11/09	
Page	9	

	Prescribed by Secreta	ry of State 03/05	
Name of Committee in Full Citizens with McCarty			
Full Name of Contributor W. Fredrick & Joan Frey			Registration Number, if PAC
Street Address 5765 Heritage Lakes Drive	Employer/Occupation/Labor Organization*		0 8 0 6 0 9 Amount \$25.00
City Hilliard	Stal te OH	Zip Code 43026	Form (Cash, Check, etc.) Check
Full Name of Contributor James R. Ging			Registration Number, if PAC
Street Address 4112 Maystar Way	Employer/Occupation/Labor Organization*		0 8 0 6 0 9 \$25.00
City Hilliard	Stal te OH	Zip Code 43026	Form (Cash, Check, etc.) Check
Full Name of Contributor Kay K. Byard			Registration Number, if PAC
Street Address 4736 Musket Way		ation/Labor Organization*	M 8 D Y Amount \$50.00
City Columbus	Sta te OH	Zip Code 43228	Form (Cash, Check, etc.) Check
Full Name of Contributor Brad Adams			Registration Number, if PAC
Street Address 3330 Grovepark Drive	Employer/Occupa	ation/Labor Organization*	0 8 1 1 0 9 \$50.00
City Grove City	Stal te OH	Zip Code 43123	Form (Cash, Check, etc.) Check
Full Name of Contributor Joyce L. Malainy			Registration Number, if PAC
Street Address 13713 Jug St. Rd. NW	Employer/Occupa	ation/Labor Organization*	0 8 1 1 0 9 \$50.00
^{City} Johnstown	Sta te OH	Zip Code 43031	Form (Cash, Check, etc.) Check
Full Name of Contributor J. Patrick Callaghan			Registration Number, if PAC
Street Address 4634 Oracle Lane	Employer/Occup	ation/Labor Organization*	0 8 1 1 0 9 \$25.00
^{City} Hilliard	OH Stal te	Zip Code 43026	Form (Cash, Check, etc.) Check
Full Name of Contributor Gary L. Sigrist JR.	Registration Number, if PAC		
Street Address 2164 Gingerwood Court	Employer/Occup	ation/Labor Organization*	M 8 1 1 0 9 \$25.00
City Grove City	Sta te OH	Zip Code 43123	Form (Cash, Check, etc.) Check
* Required for contributions from individuals over \$ the individual's business, if any, rather than employed labor organization of which the employees are mem	er should be listed. If two or more	e employees contribute via pa	tor is self-employed, the occupation and the name yroll deduction and exceed the aggregate of \$100, the self-employed is self-employed.

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 \$	\$250.00