

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 Gary L. Leasure				Registration Number, if PAC	
Street Address 2485 Milligan Grove		Employer/Occupation/Labor Organization*		M 0	D 8
City Grove City		State OH	Zip Code 43123	Y 0	Amount \$100.00
Full Name of Contributor Lois J. Rapp				Registration Number, if PAC	
Street Address 1317 Northfield Road		Employer/Occupation/Labor Organization*		M 0	D 8
City Springfield		State OH	Zip Code 45502	Y 0	Amount \$50.00
Full Name of Contributor Ardis Offensend				Registration Number, if PAC	
Street Address 365 Danhurst Road		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43228	Y 0	Amount \$30.00
Full Name of Contributor Roy W. & Brenda T. Steinhoff				Registration Number, if PAC	
Street Address 1581 Holton Road		Employer/Occupation/Labor Organization*		M 0	D 8
City Grove City		State OH	Zip Code 43123	Y 0	Amount \$50.00
Full Name of Contributor Gary L. Dukes				Registration Number, if PAC	
Street Address 5974 Dartshire Blvd.		Employer/Occupation/Labor Organization*		M 0	D 8
City Dublin		State OH	Zip Code 43016	Y 0	Amount \$40.00
Full Name of Contributor Larry D. & Francis P. Black				Registration Number, if PAC	
Street Address 1446 Hawthorne Parkway		Employer/Occupation/Labor Organization*		M 0	D 8
City Grove City		State OH	Zip Code 43123	Y 0	Amount \$25.00
Full Name of Contributor Robert H. & Janice R. Niepert				Registration Number, if PAC	
Street Address 6299 Youngland Drive		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43228	Y 0	Amount \$50.00

* 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 \$ **\$345.00**