31-E R.C. 3517.10(B)

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

Event Date 9-10-2011

Pre	escribed by Secretary	of State 03/05		
Name of Committee in Full Citizens For Kim M	læagas	d		
Tohn Wolfe	<i>3</i>		Registration Number, if PAC	
Street Address 3729 Elbern		on/Labor Organization* City of Whiteholl	M 9 10 1 Amount 5	0.00
Whitehall	OH	Zip Code 432/3	Form (Cash, Check, etc.)	
Full Name of Contributor Van and Cathy Gregg Street Address	Van Gi	Hee to Eleck	Registration Number, if PAC	
5182 Doral Ave	Whitehe	on/Labor Organization* Schools	M 9 D V Amount 50 Form (Cash, Cleck, etc.)	. 🕬 📗
Whitehall	Sta te OH	Zip Code 43213		
Full Name of Contributor Mike and Sherry B	\sim		Registration Number, if PAC	
5065 Greenwood Ct	Employer/Occupation	on/Labor Organization*		0.00
Whitehall	Oh	2ip Code 43213	Form (Cash Check, Mc.)	
Scott and melisse Saleman			Registration Number, if PAC	
Street Address	Employer/Occupation	on/Labor Organization* hwest Air	091011 60). <i>®</i>
Chieago	Sta te	Zip Code	Form (lash) Check, etc.)	
Steve Quinee			Registration Number, if PAC	
Street Address 3759 Washburn	Employer/Occupati	on/Labor Organization*	M 9 D Y Amount	
Whitehall	8ta te	2ip Cod 3213	Form Cash Check, etc.)	
Full Name of Contributor Lorraine Salaman Registration Number, if PAC				
Street Address 1575 - 48th 56.		ion/Labor Organization*), ©
Boulder	Sta te	Zip Code 43213	Form ((ash, Pheck, etc.)	
Cory and Frin Mag	gard		Registration Number, if PAC	
751 Fleine	Electi		M Q D Y Amoun	20. ea
Whitehall	OH	Zip Code 4.3213		and 4b
* 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. Und	ter Full Name of C	ontributor state "Contributions fro	om form No. 31-E" and list the c	date of the event

in the date column

Total contributions this event	Total expenditures this event.
	Page Total \$250.00