

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR HAUGHN						
Full Name of Contributor LARRY CORBIN					Registration Number, if PAC	
Street Address 4460 HOOVER RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1 2 1 3	Amount \$500.00
Full Name of Contributor GEORGE HAUGHN					Registration Number, if PAC	
Street Address 3869 ORCHARD LANE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1 2 1 3	Amount \$100.00
Full Name of Contributor ELIZABETH A LOGAN					Registration Number, if PAC	
Street Address 3225 ANGELA DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1 3 1 3	Amount \$50.00
Full Name of Contributor KIMBERLY B HOLSTER					Registration Number, if PAC	
Street Address 3754 WILLIAMS NOOK		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1 2 1 3	Amount \$100.00
Full Name of Contributor TIMOTHY E CASTLE					Registration Number, if PAC	
Street Address 3868 CORONA CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1 3 1 3	Amount \$100.00
Full Name of Contributor MICHAEL UHRIN					Registration Number, if PAC	
Street Address 5580 MEADOW GROVE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1 4 1 3	Amount \$100.00
Full Name of Contributor TIMOTHY W WEMLINGER					Registration Number, if PAC	
Street Address 696 MACLAM DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1 7 1 3	Amount \$50.00
Full Name of Contributor ROXANNE V. BULLOCK					Registration Number, if PAC	
Street Address 3268 KINGSWOOD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1 7 1 3	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)]

Page Total **\$1,025.00**