

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

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR HAUGHN				
Full Name of Contributor RICHARD M THOMPSON			Registration Number, if PAC	
Street Address 3130 ANGELA DR	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Y 1	Amount \$75.00
Full Name of Contributor CAROLYN M HARRIS			Registration Number, if PAC	
Street Address 2088 LONDON GROVEPORT RD	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Y 1	Amount \$100.00
Full Name of Contributor WILLARD N MILAM			Registration Number, if PAC	
Street Address 4827 DUNMANN WAY	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Y 1	Amount \$65.00
Full Name of Contributor CHARLES K NEFF			Registration Number, if PAC	
Street Address 2714 MELANE AVE	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Y 1	Amount \$100.00
Full Name of Contributor C. RICHARD STEVERS			Registration Number, if PAC	
Street Address 2548 SWAN DR	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Y 1	Amount \$100.00
Full Name of Contributor YEOU-LONG SHYU			Registration Number, if PAC	
Street Address 1947 STRINGTOWN RD	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Y 1	Amount \$100.00
Full Name of Contributor LIZABETH RITLINGER			Registration Number, if PAC	
Street Address 3244 BELSTONE DR	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Y 1	Amount \$100.00

* 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

\$0.00

Total expenditures this event.

\$0.00Page Total \$ **\$640.00**