

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 KELLY REISLING			Registration Number, if PAC	
Street Address 3178 RANKE CT	Employer/Occupation/Labor Organization*		M 1	D 0
City GROVE CITY	State OH	Zip Code 43123	Y 9	Amount \$25.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor JOHN J DUBOS			Registration Number, if PAC	
Street Address 1048 PINNACLE CLUB DR	Employer/Occupation/Labor Organization*		M 1	D 0
City GROVE CITY	State OH	Zip Code 43123	Y 9	Amount \$150.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor JAMES F JACKSON			Registration Number, if PAC	
Street Address 5857 CROOKED CREEK BLVD	Employer/Occupation/Labor Organization*		M 1	D 0
City GROVE CITY	State OH	Zip Code 43123	Y 9	Amount \$50.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor RICHARD L STAGE			Registration Number, if PAC	
Street Address 2733 WOODGROVE DR	Employer/Occupation/Labor Organization*		M 1	D 0
City GROVE CITY	State OH	Zip Code 43123	Y 9	Amount \$50.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor ROBYN W JIVIDEN			Registration Number, if PAC	
Street Address 2794 ANNABELLE CT	Employer/Occupation/Labor Organization*		M 1	D 0
City GROVE CITY	State OH	Zip Code 43123	Y 9	Amount \$50.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				

* 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

\$1,000.00

Total expenditures this event.

\$0.00Page Total \$ **\$325.00**