

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens To Retain Hood					
Full Name of Contributor Mark Collins			Registration Number, if PAC		
Street Address 492 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State OH	Zip Code 43215	Amount \$50.00		
Form (Cash, Check, etc.) cash					
Full Name of Contributor Garrett Cravener			Registration Number, if PAC		
Street Address 100 E. Broad St., Ste. 600	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State OH	Zip Code 43215	Amount \$50.00		
Form (Cash, Check, etc.) cash					
Full Name of Contributor Sherry Cameron			Registration Number, if PAC		
Street Address 825 S. Front St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State OH	Zip Code 43206	Amount \$150.00		
Form (Cash, Check, etc.) cash					
Full Name of Contributor Gerald Noel			Registration Number, if PAC		
Street Address 857 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State OH	Zip Code 43206	Amount \$60.00		
Form (Cash, Check, etc.) cash					
Full Name of Contributor Tyack Blackmore & Liston LPA			Registration Number, if PAC		
Street Address 536 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State OH	Zip Code 43215	Amount \$50.00		
Form (Cash, Check, etc.) check					
Full Name of Contributor Lamkin Van Eman Trimble Beals & Dougherty LLC			Registration Number, if PAC		
Street Address 500 S. Front St., Ste. 200	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State OH	Zip Code 43215	Amount \$50.00		
Form (Cash, Check, etc.) check					
Full Name of Contributor J. Scott Weisman			Registration Number, if PAC		
Street Address 601 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State OH	Zip Code 43215	Amount \$100.00		
Form (Cash, Check, etc.) check					

* 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.

\$0.00

Page Total \$ **\$510.00**