

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 CHARLES NEFF			Registration Number, if PAC	
Street Address 2714 MELANE AVE	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH	Zip Code 43123	Y 2	Amount \$200.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor RONALD L RIST			Registration Number, if PAC	
Street Address 2412 GERSHWIN AVE	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH	Zip Code 43123	Y 2	Amount \$25.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor CONSTANCE D PARRETT			Registration Number, if PAC	
Street Address 6211 BEAVER LAKE DR	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH	Zip Code 43123	Y 2	Amount \$50.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor ROBERT CASTLE			Registration Number, if PAC	
Street Address 5850 WILLOW LAKE DR	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH	Zip Code 43123	Y 2	Amount \$20.00
Form (Cash, Check, etc.) CASH				
Full Name of Contributor STEVE EATON			Registration Number, if PAC	
Street Address 4577 LOMBARDO ST	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH	Zip Code 43123	Y 2	Amount \$20.00
Form (Cash, Check, etc.) CASH				
Full Name of Contributor LEXIE SINES			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH	Zip Code 43123	Y 2	Amount \$20.00
Form (Cash, Check, etc.) CASH				
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

\$ 335.00

Total expenditures this event.

139.00

Page Total \$ 335.00
