

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 E. Scott Shaw				Registration Number, if PAC	
Street Address 500 S. Front St., Ste. 130		Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 1 0	Amount \$25.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Samuel Shamansky				Registration Number, if PAC	
Street Address 511 S. High St.		Employer/Occupation/Labor Organization*		M D Y 0 3 1 7 1 0	Amount \$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert Sanders				Registration Number, if PAC	
Street Address 7110 E. Livingston Ave.		Employer/Occupation/Labor Organization*		M D Y 0 3 1 0 1 0	Amount \$100.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Christopher Cicero				Registration Number, if PAC	
Street Address 1308 W. Mound St.		Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 1 0	Amount \$50.00
City Columbus		State OH	Zip Code 43223	Form (Cash, Check, etc.) check	
Full Name of Contributor Dennis McNamara				Registration Number, if PAC	
Street Address 3966 Fairlington Dr.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 1 1 0	Amount \$50.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Joseph Landusky				Registration Number, if PAC	
Street Address 901 S. High St.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 1 1 0	Amount \$200.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) cash	
Full Name of Contributor Robert Krapenc				Registration Number, if PAC	
Street Address 601 S. High St.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 1 1 0	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) cash	

* 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 \$ 1,025.00