

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 Eastman & Smith Ltd. - Joe Durham			Registration Number, if PAC	
Street Address 100 E. Broad St., Ste. 2100	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$200.00
Full Name of Contributor Timothy E. Bubb			Registration Number, if PAC	
Street Address 551 Kensington Dr.	Employer/Occupation/Labor Organization*		M 0	D 3
City Heath	State OH	Zip Code 43056	Y 2	Amount \$50.00
Full Name of Contributor Christopher Long			Registration Number, if PAC	
Street Address 1675 Haft Drive	Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$100.00
Full Name of Contributor Mel Clemens			Registration Number, if PAC	
Street Address 6594 Furth Dr.	Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$50.00
Full Name of Contributor Marjorie Williams			Registration Number, if PAC	
Street Address 208 East South Westmoor Ave.	Employer/Occupation/Labor Organization*		M 0	D 3
City Newark	State OH	Zip Code 43055	Y 2	Amount \$50.00
Full Name of Contributor Billiejean Zimmers			Registration Number, if PAC	
Street Address 291 Bryn Du Drive	Employer/Occupation/Labor Organization*		M 0	D 3
City Granville	State OH	Zip Code 43023	Y 2	Amount \$100.00
Full Name of Contributor Rene Rimelspach			Registration Number, if PAC	
Street Address 4959 Berry Leaf Place	Employer/Occupation/Labor Organization*		M 0	D 3
City Hilliard	State OH	Zip Code 43026	Y 2	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.

\$0.00

Page Total \$ **\$650.00**