

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full CITIZENS FOR HAUGHN						
Full Name of Contributor CHARLES D WINEMILLER					Registration Number, if PAC	
Street Address 6183 WINNEBAGO STREET		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 1	D 0	Y 0 2 1 3	Amount \$25.00
Full Name of Contributor STEPHEN A CHANEY					Registration Number, if PAC	
Street Address 9225 NIOGA TOOPS RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City MT. STERLING	State OH	Zip Code 43143	M 1	D 0	Y 1 2 1 3	Amount \$25.00
Full Name of Contributor ANDREW HAUGHN					Registration Number, if PAC	
Street Address 704 24TH ST SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City LARGO	State FL	Zip Code 33770	M 1	D 0	Y 1 2 1 3	Amount \$150.00
Full Name of Contributor WILLIAM F DUNN JR					Registration Number, if PAC	
Street Address 3802 SHELDON PLACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 1	D 0	Y 1 1 1 3	Amount \$100.00
Full Name of Contributor LISA A HAUGHN					Registration Number, if PAC	
Street Address 3421 INVERNESS WAY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43221	M 1	D 0	Y 1 0 1 3	Amount \$25.00
Full Name of Contributor GARY EVANS					Registration Number, if PAC	
Street Address 2167 PRESLEY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 1	D 0	Y 1 0 1 3	Amount \$50.00
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 9	Y 0 1 1 3	Amount \$2,335.00
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 9	Y 2 1 1 3	Amount \$1,190.00

* 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)]

Page Total **\$3,900.00**