

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 GARRY L STEPHENSON			Registration Number, if PAC			
Street Address 17950 STATE ROUTE 104	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0	Amount \$75.00
City CIRCLEVILLE	State OH	Zip Code 43113	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JOHN W BRANT			Registration Number, if PAC			
Street Address 2605 BRYAN CIRCLE	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0	Amount \$50.00
City GROVE CITY	State OH	Zip Code 43123	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JOSEPH B DOWNS			Registration Number, if PAC			
Street Address 4747 GROVE CITY RD	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0	Amount \$50.00
City GROVE CITY	State OH	Zip Code 43123	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor DANIEL R MENNINGER			Registration Number, if PAC			
Street Address 1327 DAVENTRY LANE	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0	Amount \$250.00
City POWELL	State OH	Zip Code 43069	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JOANNE ROACH			Registration Number, if PAC			
Street Address 2426 HOLTON RD	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0	Amount \$100.00
City GROVE CITY	State OH	Zip Code 43123	Form (Cash, Check, etc.) CASH			
Full Name of Contributor MELISSA J ALBRIGHT			Registration Number, if PAC			
Street Address 4888 MORNING LIGHT COURT	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0	Amount \$50.00
City GROVE CITY	State OH	Zip Code 43123	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JACK L WIDNER			Registration Number, if PAC			
Street Address 4287 BROADWAY	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0	Amount \$100.00
City GROVE CITY	State OH	Zip Code 43123	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 \$ \$675.00