

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 Judith K. Schneider				Registration Number, if PAC	
Street Address 5633 Montridge Ln.		Employer/Occupation/Labor Organization*		M 0	D 3
City Dublin		State OH	Zip Code 43016	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Jill B. Whittier				Registration Number, if PAC	
Street Address 6951 Rochelle Lane		Employer/Occupation/Labor Organization*		M 0	D 3
City Blacklick		State OH	Zip Code 43004	Y 1	Amount \$100.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Alexander H. Hastie				Registration Number, if PAC	
Street Address 201 West 1st Ave.		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43201	Y 1	Amount \$100.00
Form (Cash, Check, etc.) check					
Full Name of Contributor David M. Kennedy				Registration Number, if PAC	
Street Address 107 W. Johnstown Rd.		Employer/Occupation/Labor Organization*		M 0	D 3
City Gahanna		State OH	Zip Code 43230	Y 1	Amount \$50.00
Form (Cash, Check, etc.) money order					
Full Name of Contributor Cecily L. Ferris				Registration Number, if PAC	
Street Address 905 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43206	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Mary Ellen Cain				Registration Number, if PAC	
Street Address 1733 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43207	Y 1	Amount \$100.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Mark C. Collins Co. LPA - Mark Collins				Registration Number, if PAC	
Street Address 492 S. High St., 3rd Floor		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) check					

* 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 \$ **\$550.00**