

FOR PAPER FILING ONLY

Statement of Contributions Received

at a Social or Fund-Raising Event

Event Date 9/1/13
Page 1/2

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR HAUGHN				
Full Name of Contributor GEORGE HAUGHN			Registration Number, if PAC	
Street Address 3869 ORCHARD LANE	Employer/Occupation/Labor Organization*		M D Y 0 9 0 1 1 3	Amount \$25.00
City GROVE CITY	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Form (Cash, Check, etc.) CASH	
Full Name of Contributor DANIEL REINHART			Registration Number, if PAC	
Street Address 871 SCIOTO MEADOW BLVD	Employer/Occupation/Labor Organization*		M D Y 0 9 0 1 1 3	Amount \$50.00
City GROVE CITY	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor LEWIS R EVANS			Registration Number, if PAC	
Street Address 2593 VILILLY CIRCLE EAST	Employer/Occupation/Labor Organization*		M D Y 0 9 0 1 1 3	Amount \$100.00
City GROVE CITY	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL BRANDT			Registration Number, if PAC	
Street Address 865 MACON ALLEY	Employer/Occupation/Labor Organization*		M D Y 0 9 0 1 1 3	Amount \$100.00
City COLUMBUS	State OH <input checked="" type="checkbox"/>	Zip Code 43206	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SAMUEL CLARK			Registration Number, if PAC	
Street Address 2364 BIRCH BARK TRAIL	Employer/Occupation/Labor Organization*		M D Y 0 9 0 1 1 3	Amount \$100.00
City GROVE CITY	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KIM HOLSTER			Registration Number, if PAC	
Street Address 3754 WILLIAMS NOOK	Employer/Occupation/Labor Organization*		M D Y 0 9 0 1 1 3	Amount \$100.00
City GROVE CITY	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GEORGE LARGER			Registration Number, if PAC	
Street Address 3323 PARK ST	Employer/Occupation/Labor Organization*		M D Y 0 9 0 1 1 3	Amount \$35.00
City GROVE CITY	State OH <input checked="" type="checkbox"/>	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 \$ **\$510.00**