

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date	9/1/13
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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 0	D 9
City GROVE CITY	State OH	Zip Code 43123	Y 0	Amount \$100.00
Full Name of Contributor LORILEE L FULLEN			Registration Number, if PAC	
Street Address 4306 LEMON LAKE CT	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH	Zip Code 43123	Y 0	Amount \$25.00
Full Name of Contributor RANDALL A REISLING			Registration Number, if PAC	
Street Address 3178 RANKE CT	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH	Zip Code 43123	Y 0	Amount \$100.00
Full Name of Contributor JOANNE ROACH			Registration Number, if PAC	
Street Address 2426 HOLTON RD	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH	Zip Code 43123	Y 0	Amount \$100.00
Full Name of Contributor ROSE M WHITE			Registration Number, if PAC	
Street Address 6429 ROYALTON DR	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH	Zip Code 43123	Y 0	Amount \$50.00
Full Name of Contributor CLARK PARRETT			Registration Number, if PAC	
Street Address 3146 PINE MANOR BLVD	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH	Zip Code 43123	Y 0	Amount \$25.00
Full Name of Contributor MARK A HAUGHN			Registration Number, if PAC	
Street Address 4622 LOMBARDO ST	Employer/Occupation/Labor Organization*		M 0	D 9
City GROVE CITY	State OH	Zip Code 43123	Y 0	Amount \$50.00

* 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 \$	\$450.00
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