

# 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 Robert M. Sanders			Registration Number, if PAC	
Street Address 7471 Rodebaugh Rd.	Employer/Occupation/Labor Organization*		M   D   Y 0   3   2   6   1   5	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Mary R. Hudson			Registration Number, if PAC	
Street Address 1080 Tiffany Dr.	Employer/Occupation/Labor Organization*		M   D   Y 0   3   2   6   1   5	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Kenneth Oswalt			Registration Number, if PAC	
Street Address 92 Lancaster Dr.	Employer/Occupation/Labor Organization*		M   D   Y 0   3   2   6   1   5	Amount \$50.00
City Heath	State OH	Zip Code 43056	Form (Cash, Check, etc.) check	
Full Name of Contributor Sharon Michael			Registration Number, if PAC	
Street Address 1447 Haft Drive	Employer/Occupation/Labor Organization*		M   D   Y 0   3   2   6   1   5	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Root			Registration Number, if PAC	
Street Address 181 Purple Finch Loop	Employer/Occupation/Labor Organization*		M   D   Y 0   3   2   6   1   5	Amount \$50.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) check	
Full Name of Contributor S. Michael Miller			Registration Number, if PAC	
Street Address 4722 Shire Ridge Rd.	Employer/Occupation/Labor Organization*		M   D   Y 0   3   2   6   1   5	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) check	
Full Name of Contributor William Hills			Registration Number, if PAC	
Street Address 8175 Priestley Dr.	Employer/Occupation/Labor Organization*		M   D   Y 0   3   2   6   1   5	Amount \$500.00
City Reynoldsburg	State OH	Zip Code 43068	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 \$ \$900.00