

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR HAUGHN						
Full Name of Contributor JACK MIDDENDORF				Registration Number, if PAC		
Street Address 2324 BERRY HILL DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1 6 1 3	Amount \$25.00
Full Name of Contributor GARY L LEASURE				Registration Number, if PAC		
Street Address 4780 SAINT ANDREWS DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1 8 1 3	Amount \$700.00
Full Name of Contributor NORMA WELLS				Registration Number, if PAC		
Street Address 3049 ANNA AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1 8 1 3	Amount \$50.00
Full Name of Contributor PAULETTE B MCCATHRAN				Registration Number, if PAC		
Street Address 5970 STATE ROUTE 762		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 2 2 1 3	Amount \$25.00
Full Name of Contributor WILLARD N. MILAM				Registration Number, if PAC		
Street Address 4827 DUNMANN WAY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 2 2 1 3	Amount \$25.00
Full Name of Contributor ANNABELLE ROBINSON				Registration Number, if PAC		
Street Address 2315 MILLIGAN CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 2 0 1 3	Amount \$50.00
Full Name of Contributor R. STEVEN BURRIS				Registration Number, if PAC		
Street Address 4664 BARNWOOD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1 5 1 3	Amount \$100.00
Full Name of Contributor JIM RAUCK				Registration Number, if PAC		
Street Address 4090 HAUGHN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 8	Y 1 7 1 3	Amount \$200.00

* 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)]

Page Total **\$1,175.00**