

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CITIZENS FOR HAUGHN</b>						
Full Name of Contributor <b>MICHAEL UHRIN</b>				Registration Number, if PAC		
Street Address <b>5580 MEADOW GROVE DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>ELIABETH LOGAN</b>				Registration Number, if PAC		
Street Address <b>3225 ANGELA DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>	
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>JODY BURRIS</b>				Registration Number, if PAC		
Street Address <b>4375 SHIRLENE COURT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>STAGE FOR MAYOR</b>				Registration Number, if PAC		
Street Address <b>4090 HAUGHN RD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$200.00</b>
Full Name of Contributor <b>R. STEVEN BURRIS</b>				Registration Number, if PAC		
Street Address <b>4664 BARNWOOD DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>SHELAH STAGE</b>				Registration Number, if PAC		
Street Address <b>2733 WOODGROVE DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>NANCY CARTER</b>				Registration Number, if PAC		
Street Address <b>2712 SUANNE AVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>	
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$100.00</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
	<b>OH</b>					

\* 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 **\$850.00**

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