

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 C. Patrick Zollars			Registration Number, if PAC	
Street Address 6928 Retton Road	Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$50.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Philip Kaufman			Registration Number, if PAC	
Street Address 1979 Haverton Drive	Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$50.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Earl L. Frost			Registration Number, if PAC	
Street Address 1485 Pleasant Valley Dr.	Employer/Occupation/Labor Organization*		M 0	D 3
City Newark	State OH	Zip Code 43068	Y 2	Amount \$100.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Gary Knapp			Registration Number, if PAC	
Street Address 1741 Graham Rd.	Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$50.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Marshall Spaulding			Registration Number, if PAC	
Street Address 1940 Glenford Ct.	Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$100.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor David Hamad			Registration Number, if PAC	
Street Address 1890 Lockmere Ct.	Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$50.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Barbara Teague			Registration Number, if PAC	
Street Address 1110 Tiffany Dr.	Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$100.00
			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 \$ \$500.00
