

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 Mark Shaw			Registration Number, if PAC		
Street Address 7120 Forest Run Ct.		Employer/Occupation/Labor Organization*		M D Y Amount 0 4 0 1 1 0 \$50.00	
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Mularski Bonham Dittmer & Phillips LLC			Registration Number, if PAC		
Street Address 107 W. Johnstown Rd.		Employer/Occupation/Labor Organization*		M D Y Amount 0 4 0 1 1 0 \$50.00	
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) check	
Full Name of Contributor R. William Meeks			Registration Number, if PAC		
Street Address 511 South High St.		Employer/Occupation/Labor Organization*		M D Y Amount 0 4 0 1 1 0 \$1,000.00	
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Luftman Heck & Associates LLP			Registration Number, if PAC		
Street Address 580 E. Rich St.		Employer/Occupation/Labor Organization*		M D Y Amount 0 4 0 1 1 0 \$250.00	
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Daniel Heinmiller			Registration Number, if PAC		
Street Address 470 Silver Lane, Ste. B		Employer/Occupation/Labor Organization*		M D Y Amount 0 4 0 1 1 0 \$50.00	
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) check	
Full Name of Contributor Transfer from Form 31-G			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount \$100.00	
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)	

* 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

\$3,735.00

Total expenditures this event.

\$678.20

Page Total \$ **\$1,500.00**