

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR HAUGHN						
Full Name of Contributor DAVID K. COX				Registration Number, if PAC		
Street Address 1038 CARNOUSTIE CIRCLE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 2	Amount \$50.00
Full Name of Contributor MARCY ALTOMARE				Registration Number, if PAC		
Street Address 3137 RIVERMILL DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43220	M 0	D 9	Y 2	Amount \$50.00
Full Name of Contributor STEVEN FUNK				Registration Number, if PAC		
Street Address 1283 WHITE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 2	Amount \$100.00
Full Name of Contributor JEFFREY CAHILL				Registration Number, if PAC		
Street Address 6336 LAKEVIEW DR E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 2	Amount \$100.00
Full Name of Contributor BEVERLY LEONHARD				Registration Number, if PAC		
Street Address 4680 LOMBARDO ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 1	Amount \$100.00
Full Name of Contributor PEARLENE E. UHRIN				Registration Number, if PAC		
Street Address 5580 MEADOW GROVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 1	Amount \$250.00
Full Name of Contributor DENISE A BAUMBUSCH				Registration Number, if PAC		
Street Address 1654 OSAGE CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 2	Amount \$50.00
Full Name of Contributor JOHN R. JONES				Registration Number, if PAC		
Street Address 350 FRANK RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 3	Amount \$250.00

* 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 **\$950.00**