

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Citizens for Hawk			
Full Name of Contributor		Registration Number, if PAC	
Arthur Travis			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
955 Barclay Dr		1	0 3 1 1 2 \$50.00
City	State Zip Code	Form (Cash, Check, etc.)	
Galloway	OH 43119	Check	
Full Name of Contributor		Registration Number, if PAC	
Linda Altomare			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2625 ViLilly Cr		1	0 3 1 1 2 \$50.00
City	State Zip Code	Form (Cash, Check, etc.)	
Grove City	OH 43123	Check	
Full Name of Contributor		Registration Number, if PAC	
Jonathan Melchi			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
5602 Frawley Dr		1	0 3 1 1 2 \$100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Dublin	OH 43016	EFT	
Full Name of Contributor		Registration Number, if PAC	
Amy Searcy			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
6610 Parkland Ave		1	0 3 1 1 2 \$50.00
City	State Zip Code	Form (Cash, Check, etc.)	
Cincinnati	OH 45233	EFT	
Full Name of Contributor		Registration Number, if PAC	
Accelerated Abstract Services LLC; Ray Lewis			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
451 W 3rd St		1	1 0 1 1 2 \$100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Dayton	OH 45422	Check	
Full Name of Contributor		Registration Number, if PAC	
Ed Hauenstein			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2926 E Mound St		1	1 0 1 1 2 \$100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43209	Check	
Full Name of Contributor		Registration Number, if PAC	
Total Employee Contributions From Form 31-G			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
			\$1,100.00
City	State Zip Code	Form (Cash, Check, etc.)	
	OH		

* 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

12,725 00

Total expenditures this event.

0 00

Page Total \$ 1,550.00