

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 Donna Cramblit			Registration Number, if PAC	
Street Address 5799 Quail Run Dr	Employer/Occupation/Labor Organization*		M D Y 0 3 0 7 1 6	Amount \$25.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Beverly Babbert			Registration Number, if PAC	
Street Address 3310 Kingston Ave	Employer/Occupation/Labor Organization*		M D Y 0 3 0 7 1 6	Amount \$25.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen Bowshier			Registration Number, if PAC	
Street Address 4297 Orders Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 7 1 6	Amount \$25.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Hope Healing House; c/o Audrey Hardy			Registration Number, if PAC	
Street Address 4693 Heatherblend Ct	Employer/Occupation/Labor Organization*		M D Y 0 3 0 7 1 6	Amount \$25.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Keith Hamilton			Registration Number, if PAC	
Street Address 7407 Watkins Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 7 1 6	Amount \$50.00
City Ostrander	State OH	Zip Code 43061	Form (Cash, Check, etc.) EFT	
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.)	
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

\$2,750.00

Total expenditures this event.

\$0.00

Page Total \$ **\$150.00**