

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 Sarah Antle			Registration Number, if PAC	
Street Address 2659 Queensway Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Grove City	State OH	Zip Code 43123	Y 0	Amount \$60.00
Full Name of Contributor Deb Sauls			Registration Number, if PAC	
Street Address 2575 Hoover Crossing Way	Employer/Occupation/Labor Organization*		M 0	D 3
City Grove City	State OH	Zip Code 43123	Y 0	Amount \$25.00
Full Name of Contributor Jennifer McClure			Registration Number, if PAC	
Street Address 2539 McDaniel Ct	Employer/Occupation/Labor Organization*		M 0	D 3
City Grove City	State OH	Zip Code 43123	Y 0	Amount \$25.00
Full Name of Contributor Gabrielle Wonnell			Registration Number, if PAC	
Street Address 3191 Minerva Lake Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43231	Y 0	Amount \$360.00
Full Name of Contributor Myrtle Crable			Registration Number, if PAC	
Street Address 2191 Ravine Woods Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Grove City	State OH	Zip Code 43123	Y 0	Amount \$500.00
Full Name of Contributor Joe Stevens			Registration Number, if PAC	
Street Address 2843 Northwest Blvd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$200.00
Full Name of Contributor Kathryn Ogden			Registration Number, if PAC	
Street Address 5964 Landings Pond Pl	Employer/Occupation/Labor Organization*		M 0	D 3
City Grove City	State OH	Zip Code 43123	Y 0	Amount \$100.00

* 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)]

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

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Total expenditures this event.

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Page Total \$ **\$1,270.00**