

# 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 Timothy Tweed			Registration Number, if PAC	
Street Address 5990 Heritage Lakes Dr	Employer/Occupation/Labor Organization*		M 0	D 6
City Hilliard	State OH	Zip Code 43026	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Steve Edwards				
Street Address 4030 Broadway			M 0	D 6
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Teresa Edwards				
Street Address 5611 Belle Oak Dr			M 0	D 6
City Galloway	State OH	Zip Code 43119	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Wayne Drum				
Street Address 4156 Georgesville Wrights			M 0	D 6
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Judy Drum				
Street Address 4156 Georgesville Wrights			M 0	D 6
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Charyl Spahr				
Street Address 6033 Tipperary Dr			M 0	D 6
City Galloway	State OH	Zip Code 43119	Y 1	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Baker Law Group; c/o Andrew Baker				
Street Address 50 W Broad St			M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				

\* 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 \$ 360.00