

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Hawk</b>					
Full Name of Contributor <b>Chuck Milam</b>				Registration Number, if PAC	
Street Address <b>4827 Dunmann Way</b>		Employer/Occupation/Labor Organization* <b>Retired</b>		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>0</b>	Amount <b>\$75.00</b>
				Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>Kathy Milam</b>					
Street Address <b>4827 Dunmann Way</b>		Employer/Occupation/Labor Organization* <b>Medical Assistant</b>		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>0</b>	Amount <b>\$75.00</b>
				Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>Carol Nicholl</b>					
Street Address <b>8662 Cadet Dr.</b>		Employer/Occupation/Labor Organization* <b>Sales Assistant</b>		M <b>1</b>	D <b>0</b>
City <b>Galloway</b>		State <b>OH</b>	Zip Code <b>43119</b>	Y <b>0</b>	Amount <b>\$75.00</b>
				Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>Scott Harr</b>					
Street Address <b>3435 Birch St.</b>		Employer/Occupation/Labor Organization* <b>Firefighter</b>		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>0</b>	Amount <b>\$75.00</b>
				Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>Ann Harr</b>					
Street Address <b>3435 Birch St.</b>		Employer/Occupation/Labor Organization* <b>Warehouse Employee</b>		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>0</b>	Amount <b>\$75.00</b>
				Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>Steve Miller</b>					
Street Address <b>5200 Thornhill Ct.</b>		Employer/Occupation/Labor Organization* <b>Driver</b>		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>0</b>	Amount <b>\$75.00</b>
				Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>Nancy Miller</b>					
Street Address <b>5200 Thornhill Ct.</b>		Employer/Occupation/Labor Organization* <b>AT&amp;T</b>		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>0</b>	Amount <b>\$75.00</b>
				Form (Cash, Check, etc.) <b>Cash</b>	

\* 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

**\$0.00**

Total expenditures this event.

**\$0.00**

Page Total \$ **\$525.00**