

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 Julie Kilbarger			Registration Number, if PAC	
Street Address 7566 Jenkins Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Canal Winchester	State OH	Zip Code 43110	Y 0	Amount \$100.00
Full Name of Contributor Kimbol Stroud			Registration Number, if PAC	
Street Address 947 Chara Ln	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43240	Y 0	Amount \$25.00
Full Name of Contributor Rich Holycross			Registration Number, if PAC	
Street Address 3024 Cornbury Ln	Employer/Occupation/Labor Organization*		M 0	D 7
City Hilliard	State OH	Zip Code 43026	Y 0	Amount \$25.00
Full Name of Contributor Ross Chambers			Registration Number, if PAC	
Street Address 12364 Thoroughbred Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Pickerington	State OH	Zip Code 43147	Y 0	Amount \$100.00
Full Name of Contributor Maguire & Schneider, c/o Deborah Rogers			Registration Number, if PAC	
Street Address 250 Civic Center Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$300.00
Full Name of Contributor Hicks Partners; c/o Anthony Brigano			Registration Number, if PAC	
Street Address 21 E State St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$150.00
Full Name of Contributor Aaron Ockerman			Registration Number, if PAC	
Street Address 657 Concord Ct	Employer/Occupation/Labor Organization*		M 0	D 7
City Westerville	State OH	Zip Code 43081	Y 0	Amount \$150.00

* 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 \$ **\$850.00**