

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 Citizens for Lanese			Registration Number, if PAC	
Street Address 4090 Haughn Rd	Employer/Occupation/Labor Organization*		M 0	D 5
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$50.00
Full Name of Contributor Audry Hardy			Registration Number, if PAC	
Street Address 4693 Heatherblend Ct	Employer/Occupation/Labor Organization*		M 0	D 5
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$40.00
Full Name of Contributor Kelly Amon			Registration Number, if PAC	
Street Address 5621 Renesch Rd	Employer/Occupation/Labor Organization*		M 0	D 5
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$80.00
Full Name of Contributor E M Spiers			Registration Number, if PAC	
Street Address 6173 Seneca Ct	Employer/Occupation/Labor Organization*		M 0	D 5
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$100.00
Full Name of Contributor John Dubos			Registration Number, if PAC	
Street Address 1048 Pinnacle Club Dr	Employer/Occupation/Labor Organization*		M 0	D 5
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$100.00
Full Name of Contributor Willard Milam			Registration Number, if PAC	
Street Address 4827 Dunmann Way	Employer/Occupation/Labor Organization*		M 0	D 5
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$40.00
Full Name of Contributor David Burris			Registration Number, if PAC	
Street Address 4375 Shirlene Ct	Employer/Occupation/Labor Organization*		M 0	D 5
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$50.00

* 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 \$ 460.00