

# 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 Diana Chime			Registration Number, if PAC	
Street Address 6056 Witherspoon Way	Employer/Occupation/Labor Organization*		M   D   Y 1   0   8   1   6	Amount \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brad Stair			Registration Number, if PAC	
Street Address 4537 Hirth Hill Rd	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   3   1   6	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	
Full Name of Contributor John Myers			Registration Number, if PAC	
Street Address 1221 Grandview Ave	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   7   1   6	Amount \$100.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Citizens for Kevin Bacon			Registration Number, if PAC	
Street Address 260 N Cassady Ave	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   7   1   6	Amount \$200.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dan Levesque			Registration Number, if PAC	
Street Address 1453 Ironwood Dr	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   7   1   6	Amount \$10.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Lisa Butcher			Registration Number, if PAC	
Street Address 304 Queensferry Rd	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   7   1   6	Amount \$100.00
City Cary	State NC	Zip Code 27511	Form (Cash, Check, etc.) EFT	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

\* 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

\$7,305.00

Total expenditures this event

\$0.00

Page Total \$ \$610.00