

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 Barth Cotner				Registration Number, if PAC	
Street Address 1862 Drugan Ct		Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg		State OH	Zip Code 43068	Y 0	Amount \$50.00
Full Name of Contributor James Hood				Registration Number, if PAC	
Street Address 8388 Lucerne Dr		Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg		State OH	Zip Code 43068	Y 0	Amount \$100.00
Full Name of Contributor Charles Crable				Registration Number, if PAC	
Street Address 2583 Landings Way		Employer/Occupation/Labor Organization*		M 0	D 3
City Grove City		State OH	Zip Code 43123	Y 0	Amount \$1,000.00
Full Name of Contributor Molly McGrath				Registration Number, if PAC	
Street Address 8575 Refugee Rd		Employer/Occupation/Labor Organization*		M 0	D 3
City Pickerington		State OH	Zip Code 43147	Y 0	Amount \$250.00
Full Name of Contributor Alan Hoffmann				Registration Number, if PAC	
Street Address 340 Bryn Du Dr		Employer/Occupation/Labor Organization*		M 0	D 3
City Granville		State OH	Zip Code 43023	Y 0	Amount \$250.00
Full Name of Contributor James Stevenson				Registration Number, if PAC	
Street Address 7107 Asheville Park Dr		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43235	Y 0	Amount \$250.00
Full Name of Contributor Brad McCloud				Registration Number, if PAC	
Street Address 912 Rosehill Rd		Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg		State OH	Zip Code 43068	Y 0	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 \$ **\$1,950.00**