

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 Frank Ray			Registration Number, if PAC	
Street Address 2030 Tremont Rd	Employer/Occupation/Labor Organization*		M D Y 0 4 2 4 1 2	Amount \$500.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gerald Converse			Registration Number, if PAC	
Street Address One Miranova Pl	Employer/Occupation/Labor Organization*		M D Y 0 4 2 4 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy Adams			Registration Number, if PAC	
Street Address 1431 W First Ave	Employer/Occupation/Labor Organization*		M D Y 0 4 2 4 1 2	Amount \$10.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jennifer Thrasher			Registration Number, if PAC	
Street Address 1431 W 1st Ave	Employer/Occupation/Labor Organization*		M D Y 0 4 2 4 1 2	Amount \$10.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Karen Lambert			Registration Number, if PAC	
Street Address 306 E Sycamore St	Employer/Occupation/Labor Organization*		M D Y 0 4 2 4 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) EFT	
Full Name of Contributor David Dildine			Registration Number, if PAC	
Street Address 5872 Ravine Creek Dr	Employer/Occupation/Labor Organization*		M D Y 0 4 2 4 1 2	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Denise King			Registration Number, if PAC	
Street Address 170 S Riverview St	Employer/Occupation/Labor Organization*		M D Y 0 4 2 4 1 2	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) EFT	

* 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 \$ 820.00