

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Citizens for Hawk							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M   D   Y		Amount	
Robert McCarthy				0   8   0   7   1   1		\$15.00	
Street Address		City		State		Zip Code	
5280 Muirfield Pl		Dublin		OH		43017	
Form (Cash, Check, etc.)		EFT					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M   D   Y		Amount	
Joyce Rhinehart				0   8   0   7   1   1		\$90.00	
Street Address		City		State		Zip Code	
1861 Zollinger Rd		Columbus		OH		43221	
Form (Cash, Check, etc.)		EFT					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M   D   Y		Amount	
Patricia Brown Wright				0   8   0   9   1   1		\$15.00	
Street Address		City		State		Zip Code	
519 Wooten Ct		Powell		OH		43065	
Form (Cash, Check, etc.)		EFT					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M   D   Y		Amount	
Jacob Miller				0   8   0   8   1   1		\$50.00	
Street Address		City		State		Zip Code	
2374 White Rd		Grover City		OH		43123	
Form (Cash, Check, etc.)		EFT					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M   D   Y		Amount	
Daryl Hennessy				0   8   0   8   1   1		\$50.00	
Street Address		City		State		Zip Code	
2965 Palmetto St		Columbus		OH		43204	
Form (Cash, Check, etc.)		EFT					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M   D   Y		Amount	
Tyler Davis				0   8   0   9   1   1		\$50.00	
Street Address		City		State		Zip Code	
2370 Collier Crest		Grove City		OH		43123	
Form (Cash, Check, etc.)		EFT					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M   D   Y		Amount	
Jin Kusan				0   8   0   9   1   1		\$60.00	
Street Address		City		State		Zip Code	
4355 Orders Rd		Grove City		OH		43123	
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 \$ 330.00