

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 Gary Woodward				Registration Number, if PAC			
Street Address 4665 Brixshire Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	12	\$25.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Jacob Miller				Registration Number, if PAC			
Street Address 2374 White Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	12	\$25.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Doug Gallant				Registration Number, if PAC			
Street Address 511 Evening St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	12	\$25.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Alan Hoffman				Registration Number, if PAC			
Street Address 340 Brn Du Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	12	\$450.00
City Granville		State OH	Zip Code 43023	Form (Cash, Check, etc.) Check			
Full Name of Contributor Richard Nolan				Registration Number, if PAC			
Street Address 6724 Glasin Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	12	\$600.00
City Dublin		State OH	Zip Code 43016	Form (Cash, Check, etc.) Check			
Full Name of Contributor Central Ohio Realtors PAC				Registration Number, if PAC CP401			
Street Address 2700 Airport Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	12	\$2,500.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) Check			
Full Name of Contributor W Mark Jump				Registration Number, if PAC			
Street Address 2130 Arlington Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	12	\$200.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			

* 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 \$ \$3,825.00
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