

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		Registration Number, if PAC	
Donna Printz			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1994 Jervis Rd		0	8 2 4 1 1 \$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	Check
Full Name of Contributor		Registration Number, if PAC	
Terrie Massa			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2261 Sandover Rd		0	8 2 9 1 1 \$75.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	Check
Full Name of Contributor		Registration Number, if PAC	
Michael Toomey			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2462 Sherwood Villa		0	8 2 9 1 1 \$80.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	Check
Full Name of Contributor		Registration Number, if PAC	
Barbara Smith			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2561 Brixton Rd		0	8 2 9 1 1 \$80.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	Check
Full Name of Contributor		Registration Number, if PAC	
Daniel Frank			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1083 Lincoln Rd		0	8 2 9 1 1 \$80.00
City	State	Zip Code	Form (Cash, Check, etc.)
Grandview	OH	43212	Check
Full Name of Contributor		Registration Number, if PAC	
Mark Perks			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2928 Redding Rd		0	8 2 9 1 1 \$75.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	Check
Full Name of Contributor		Registration Number, if PAC	
Sarah Eagleson			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1000 Urlin Ave		0	8 2 9 1 1 \$75.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	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 \$ 515.00