

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 Brian Kemp				Registration Number, if PAC			
Street Address 2865 Leitnaker Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1316	\$100.00
City Pleasantville		State OH	Zip Code 43148	Form (Cash, Check, etc.) EFT			
Full Name of Contributor William Colgan				Registration Number, if PAC			
Street Address 1329 Murrell Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2516	\$50.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor Mark Schloemer				Registration Number, if PAC			
Street Address 68 E California		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2516	\$50.00
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc.) Check			
Full Name of Contributor Joyce Rhinehart				Registration Number, if PAC			
Street Address 1861 Zollinger Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2516	\$50.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Kira Kirk				Registration Number, if PAC			
Street Address 2333 Fishinger Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2516	\$50.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sally Testa				Registration Number, if PAC			
Street Address 5412 Thornhill Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2516	\$100.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sally Brown				Registration Number, if PAC			
Street Address 5639 Clover Leaf Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2516	\$50.00
City Grove City		State OH	Zip Code 43123	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

Total expenditures this event.

Page Total \$ **\$450.00**