

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 Karen Stypinski			Registration Number, if PAC	
Street Address 474 Citation Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 1 4 1 2	Amount \$100.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Royer			Registration Number, if PAC	
Street Address 1480 Dublin Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 1 4 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sara Walsh			Registration Number, if PAC	
Street Address 110 Polaris Pkwy	Employer/Occupation/Labor Organization*		M D Y 0 9 1 4 1 2	Amount \$250.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Lemmons			Registration Number, if PAC	
Street Address 6285 New Albany Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 1 4 1 2	Amount \$35.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary Spahia-Carducci			Registration Number, if PAC	
Street Address 5212 Preston Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 1 4 1 2	Amount \$50.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marilyn Gleich			Registration Number, if PAC	
Street Address 102 Acton Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 1 4 1 2	Amount \$250.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Greg Hrabcak			Registration Number, if PAC	
Street Address 1183 Three Forks Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 1 4 1 2	Amount \$100.00
City Westerville	State OH	Zip Code 43081	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 \$ **\$885.00**