

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		CP401	
Full Name of Contributor	Employer/Occupation/Labor Organization*	M	D
Central Ohio Realtors PAC		0	3
Street Address		1	2
2700 Airport Dr		1	2
City	State	Y	Amount
Columbus	OH	2	\$2,000.00
	Zip Code	Form (Cash, Check, etc.)	
	43219	Check	
Richard Talbot		-	
Full Name of Contributor	Employer/Occupation/Labor Organization*	M	D
Richard Talbot		0	3
Street Address		1	2
4236 Shire Cove Rd		1	2
City	State	Y	Amount
Hilliard	OH	2	\$500.00
	Zip Code	Form (Cash, Check, etc.)	
	43026	Check	
Jan Jedlinsky		-	
Full Name of Contributor	Employer/Occupation/Labor Organization*	M	D
Jan Jedlinsky		0	3
Street Address		1	2
825 Retreat Ln		1	2
City	State	Y	Amount
Powell	OH	2	\$50.00
	Zip Code	Form (Cash, Check, etc.)	
	43065	Check	
Charles Barr		-	
Full Name of Contributor	Employer/Occupation/Labor Organization*	M	D
Charles Barr		0	3
Street Address		1	2
2020 Brice Rd		1	2
City	State	Y	Amount
Reynoldsburg	OH	2	\$50.00
	Zip Code	Form (Cash, Check, etc.)	
	43068	EFT	
Citizens for Mingo		-	
Full Name of Contributor	Employer/Occupation/Labor Organization*	M	D
Citizens for Mingo		0	3
Street Address		1	2
12364 Thoroughbred Dr		1	2
City	State	Y	Amount
Pickerington	OH	2	\$500.00
	Zip Code	Form (Cash, Check, etc.)	
	43147	Check	
Myrtle Hay		-	
Full Name of Contributor	Employer/Occupation/Labor Organization*	M	D
Myrtle Hay		0	4
Street Address		0	5
5750 Ravine Creek Dr		1	2
City	State	Y	Amount
Grove City	OH	2	\$1,000.00
	Zip Code	Form (Cash, Check, etc.)	
	43123	Check	
Douglas Hoover		-	
Full Name of Contributor	Employer/Occupation/Labor Organization*	M	D
Douglas Hoover		0	4
Street Address		0	5
6660 N High St		1	2
City	State	Y	Amount
Worthington	OH	2	\$100.00
	Zip Code	Form (Cash, Check, etc.)	
	43085	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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