

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 Andrew Ferris			Registration Number, if PAC	
Street Address 3941 Fairlington Dr	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43220	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Dan LeVesque			Registration Number, if PAC	
Street Address 4179 Ashgrove Dr	Employer/Occupation/Labor Organization*		M 0	D 9
City Grove City	State OH	Zip Code 43123	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Pete Lupiba			Registration Number, if PAC	
Street Address 1418 Virginia Ave	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43212	Y 0	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Brian Kusek			Registration Number, if PAC	
Street Address 3146 Walkerview Dr	Employer/Occupation/Labor Organization*		M 0	D 9
City Hilliard	State OH	Zip Code 43026	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Greg Denver			Registration Number, if PAC	
Street Address 557 Corral Gate Ct	Employer/Occupation/Labor Organization*		M 0	D 9
City Galloway	State OH	Zip Code 43119	Y 0	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Pete Call			Registration Number, if PAC	
Street Address 2305 Shepherd Rd	Employer/Occupation/Labor Organization*		M 0	D 9
City London	State OH	Zip Code 43140	Y 0	Amount \$20.00
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 0	D 9
City Grove City	State OH	Zip Code 43123	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Cash				

* 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 \$ **\$430.00**