

# 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		
Brian Katz					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
180 Thurman Ave		0	3	1016	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43206	Check		
Full Name of Contributor			Registration Number, if PAC		
Anne Petit					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
161 Alton Rd		0	3	1016	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Galloway	OH	43119	Check		
Full Name of Contributor			Registration Number, if PAC		
Doug Garver					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
5098 Breckenhurst Dr		0	3	1016	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Hilliard	OH	43026	Check		
Full Name of Contributor			Registration Number, if PAC		
Shannon Hay					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3280 Belgreen Dr		0	3	1016	\$300.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Grove City	OH	43123	Check		
Full Name of Contributor			Registration Number, if PAC		
Bob Roach					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2390 Kensington Dr		0	3	1016	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43221	Check		
Full Name of Contributor			Registration Number, if PAC		
Patrick Rafter					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1202 Pondhollow Ln		0	3	1016	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)		
New Albany	OH	43054	Check		
Full Name of Contributor			Registration Number, if PAC		
Joseph Budde					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
7267 Macbeth Dr		0	3	1016	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Dublin	OH	43016	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 \$ 1,000.00