

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 Jack Marchbanks				Registration Number, if PAC	
Street Address 46 N Ohio Ave	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43203	Amount \$40.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kurt McCurdy				Registration Number, if PAC	
Street Address 3295 Glen Oaks Ct	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Lewis Center	State OH	Zip Code 43035	Amount \$50.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Jump				Registration Number, if PAC	
Street Address 2179 Fairfax Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43221	Amount \$50.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles McClenaghan				Registration Number, if PAC	
Street Address 4248 Tuller Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State OH	Zip Code 43017	Amount \$50.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Earl Smith				Registration Number, if PAC	
Street Address 5121 Southminster Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43221	Amount \$50.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Chris Pedon				Registration Number, if PAC	
Street Address 373 S Drexel	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43209	Amount \$50.00	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Adam Slane				Registration Number, if PAC	
Street Address 5330 Sawatch Dr	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43228	Amount \$25.00	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 \$ **\$315.00**