31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 10/25/12]
Page	

Jame of Committee in Full	Tresented by Secret			
Citizens for Hawk		•		
ull Name of Contributor			Registration Number, if PAC	
Jack Marchbanks			registration Number, 1177	
reet Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
46 N Ohio Ave	Employence	l sales	1 0 2 6 1 2 \$40.00	
ıy	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43203	Check	
ll Name of Contributor		<u> </u>	Registration Number, if PAC	
Kurt McCurdy				
eet Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
3295 Glen Oaks Ct	127 p. 10 y 11 y 12 y 12 y 12 y 12 y 12 y 12 y		1 0 2 6 1 2 \$50.00	
y	Sta te	Zip Code	Form (Cash, Check, etc.)	
₋ewis Center	OH	43035	Check	
Name of Contributor	<u> </u>	1	Registration Number, if PAC	
Mark Jump				
eet Address	Employer/Occur	pation/Labor Organization*	M D Y ₁ Amount	
2179 Fairfax Rd	Employ en Occup		1 0 2 6 1 2 \$50.00	
y	Sta te	Zip Code	Form (Cash, Check, etc.)	
, Columbus	OH	43221	Check	
Name of Contributor		<u> </u>	Registration Number, if PAC	
Charles McClenaghan				
eet Address	Frankovar/Occur	ation/Labor Organization*	M D Y Amount	
4248 Tuller Rd	Employer/Occup	Sanoti Diganization	1 0 2 6 1 2 \$50.00	
y	Sta' tc	Zip Code	Form (Cash, Check, etc.)	
, Dublin	OH	43017	Check	
11 Name of Contributor	011	10011	Registration Number, if PAC	
Earl Smith				
eet Address	Employer/Occur	i pation/Labor Organization*	M D Y Amount	
5121 Southminster Rd	Chipioyel/()coup	outlon Capor Organization	1 0 2 6 1 2 \$50.00	
ty	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	ОН	43221	Check	
II Name of Contributor		1	Registration Number, if PAC	
Chris Pedon				
eet Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	
373 S Drexel	ranpioyer/Occup	anor isabir organization	1 0 2 6 1 2 \$50.00	
ly	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43209	Cash	
all Name of Contributor		1	Registration Number, if PAC	
Adam Slane				
rect Address	limplaner/Occur	pation/Labor Organization*	M D Y ₁ Amount	
5330 Sawatch Dr	Lantployer/Occup	S.Pmirzaliou	1 0 3 0 1 2 \$25.00	
	Sta te	Zin Code		
		43228	Check	
Columbus Required for contributions from individuals over \$ the individual's business, if any, rather than employe tabor organization of which the employees are mem ill in the boxes below only on the last page for this eransfer the Total contributions for this event to form the date column	er should be listed. If two or more bers, if any, must also appear. [I event.	ssembly candidates. If contribute employees contribute via page. R.C. 3517,10(B)(4)]	utor is self-employed, the occupation and the namy yroll deduction and exceed the aggregate of \$100	
tel contributions this agent	Total arranditures this over			
tal contributions this event	Total expenditures this event.			
'				
<u> </u>		1	\$315.0	
			Page Total \$ \$315.0	