

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 Sharon Reichard				Registration Number, if PAC	
Street Address 2427 Marthas Wood		Employer/Occupation/Labor Organization*		M 0	D 3
City Grove City		State OH	Zip Code 43123	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Gail Smith				Registration Number, if PAC	
Street Address 1265 Ashland Ave		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43212	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Gary Leasure				Registration Number, if PAC	
Street Address 4780 St Andrews Dr		Employer/Occupation/Labor Organization*		M 0	D 3
City Grove City		State OH	Zip Code 43123	Y 0	Amount \$300.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jeffrey Davis				Registration Number, if PAC	
Street Address 2694 Hanarry Ct		Employer/Occupation/Labor Organization*		M 0	D 3
City Grove City		State OH	Zip Code 43123	Y 0	Amount \$200.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jamie Wiegling				Registration Number, if PAC	
Street Address 1102 Pinnacle Club Dr		Employer/Occupation/Labor Organization*		M 0	D 3
City Grove City		State OH	Zip Code 43123	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Michelle Bolin				Registration Number, if PAC	
Street Address 233 Players Club Ct		Employer/Occupation/Labor Organization*		M 0	D 3
City Commercial Point		State OH	Zip Code 43116	Y 0	Amount \$200.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Kent Trofholz				Registration Number, if PAC	
Street Address 6767 Fleur Dr		Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville		State OH	Zip Code 43082	Y 0	Amount \$50.00
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 \$ **\$1,050.00**