

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 George Arnold				Registration Number, if PAC	
Street Address 3020 Dale Ave	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43209	Amount \$50.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Rano				Registration Number, if PAC	
Street Address 4682 St Andrews Dr	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Westerville	State OH	Zip Code 43082	Amount \$50.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor David Burris				Registration Number, if PAC	
Street Address 4375 Shirlene Ct	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Grove City	State OH	Zip Code 43123	Amount \$50.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Potts				Registration Number, if PAC	
Street Address 330 Guernsey Ave	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43204	Amount \$40.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jarrod Frobose				Registration Number, if PAC	
Street Address 165 Garden Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43214	Amount \$50.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kira Kirk				Registration Number, if PAC	
Street Address 2333 Fishinger 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 Richard Nolan				Registration Number, if PAC	
Street Address 6724 Glasin Ct	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State OH	Zip Code 43016	Amount \$70.00	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 \$ 360.00