

# 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 Marie Smith			Registration Number, if PAC	
Street Address 3355 Darby Glen Blvd	Employer/Occupation/Labor Organization*		M   D   Y 0   8   1   1   1   6	Amount \$25.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Kim Kutschbach			Registration Number, if PAC	
Street Address 1536 Ashland Ave	Employer/Occupation/Labor Organization*		M   D   Y 0   8   1   2   1   6	Amount \$75.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Kelly Llagan			Registration Number, if PAC	
Street Address 899 Kenwick Rd	Employer/Occupation/Labor Organization*		M   D   Y 0   8   1   2   1   6	Amount \$20.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Ron Hanninen			Registration Number, if PAC	
Street Address 5947 Sedgwick Rd	Employer/Occupation/Labor Organization*		M   D   Y 0   8   1   3   1   6	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Mark Flock			Registration Number, if PAC	
Street Address 5989 Preserve Blvd	Employer/Occupation/Labor Organization*		M   D   Y 0   8   1   3   1   6	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Cash	
Full Name of Contributor David Culbertson			Registration Number, if PAC	
Street Address P O Box 1091	Employer/Occupation/Labor Organization*		M   D   Y 0   8   1   3   1   6	Amount \$100.00
City Mt Vernon	State OH	Zip Code 43050	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Linda Altomare			Registration Number, if PAC	
Street Address 2625 Vi Lilly Circle	Employer/Occupation/Labor Organization*		M   D   Y 0   8   1   3   1   6	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Cash	

\* 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 \$ 520.00