

# 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 Eric Laprad			Registration Number, if PAC	
Street Address 8421 Galdino Dr	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   1   1   6	Amount \$150.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Mike Seveigny			Registration Number, if PAC	
Street Address 650 Dickson Pkwy	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   1   1   6	Amount \$150.00
City Mansfield	State OH	Zip Code 44907	Form (Cash, Check, etc.) EFT	
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   0   1   1   6	Amount \$260.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mike Laemmle			Registration Number, if PAC	
Street Address 3903 Broadway	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   1   1   6	Amount \$600.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen Bowshier			Registration Number, if PAC	
Street Address 4297 Orders Rd	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   1   1   6	Amount \$150.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dan Hritz			Registration Number, if PAC	
Street Address 1919 Meander Dr	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   1   1   6	Amount \$150.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, etc.) Check	
Full Name of Contributor G Dale Benson			Registration Number, if PAC	
Street Address 4720 Hoover Rd	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   1   1   6	Amount \$150.00
City Grove City	State OH	Zip Code 43123	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 \$ 1,610.00