

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 Robert Roach			Registration Number, if PAC	
Street Address 2799 Chester Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Valoria Hoover			Registration Number, if PAC	
Street Address 5972 Dunheath Loop	Employer/Occupation/Labor Organization*		M 0	D 7
City Dublin	State OH	Zip Code 43016	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Barbara Lach			Registration Number, if PAC	
Street Address 3910 Lyon Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Linda Altomare			Registration Number, if PAC	
Street Address 2625 Vi Lilly Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sandra Davis			Registration Number, if PAC	
Street Address 2694 Hanarry Ct	Employer/Occupation/Labor Organization*		M 0	D 7
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Arthur Travis			Registration Number, if PAC	
Street Address 955 Barclay Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Galloway	State OH	Zip Code 43119	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mary Ann Potter Lewis			Registration Number, if PAC	
Street Address 868 Lynbrook Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43235	Y 1	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 \$ **\$600.00**