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		Registration Number, if PAC
Jacob Schlosser		

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4937 W Broad St		0 6	1 9	1 2	$100.00

City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43228	Check

Full Name of Contributor		Registration Number, if PAC
Christy Greenshaw		

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2063 Summer Banks Dr		0 6	1 9	1 2	$40.00

City	State	Zip Code	Form (Cash, Check, etc.)
Grove City	OH	43123	Check

Full Name of Contributor		Registration Number, if PAC
Vicky McVay		

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
825 Binns Blvd		0 6	1 9	1 2	$20.00

City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43204	Check

Full Name of Contributor		Registration Number, if PAC
Gina Scarver		

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
6379 Summit Rd		0 6	1 9	1 2	$20.00

City	State	Zip Code	Form (Cash, Check, etc.)
Pataskala	OH	43062	Check

Full Name of Contributor		Registration Number, if PAC
Brad McCloud		

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
912 Rosehill Rd		0 6	1 9	1 2	$25.00

City	State	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	Check

Full Name of Contributor		Registration Number, if PAC
James Longerbone		

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2619 Rustling Oak Blvd		0 6	1 9	1 2	$25.00

City	State	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	Check

Full Name of Contributor		Registration Number, if PAC
Teresa Blankenship		

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3009 Noddin Way		0 6	1 9	1 2	$50.00

City	State	Zip Code	Form (Cash, Check, etc.)
Portsmouth	OH	45662	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

Total expenditures this event.

Page Total $ $280.00