

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 Michael Linder			Registration Number, if PAC	
Street Address 5300 Meadow Grove Dr	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 Sara Walsh			Registration Number, if PAC	
Street Address 5618 Alston Grove Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$150.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Shannon Hay			Registration Number, if PAC	
Street Address 3280 Belgreen Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$180.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Art Travis			Registration Number, if PAC	
Street Address 955 Broadway Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$100.00
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sara Walsh			Registration Number, if PAC	
Street Address 5618 Alston Grove Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$80.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ron Hanninen			Registration Number, if PAC	
Street Address 5947 Sedgwick Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$150.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lawrence Ellerbrock			Registration Number, if PAC	
Street Address 1170 Jackson Hole Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$150.00
City Blacklick	State OH	Zip Code 43004	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 \$ **\$960.00**