

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 Art Travis				Registration Number, if PAC	
Street Address 955 Barclay Dr		Employer/Occupation/Labor Organization*		M 0	D 4
City Galloway		State OH	Zip Code 43119	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Linda Altomare					
Street Address 2625 Vi Lilly Circle		Employer/Occupation/Labor Organization*		M 0	D 4
City Grove City		State OH	Zip Code 43123	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor George Arnold					
Street Address 3020 Dale Ave		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43209	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Dave Dewey					
Street Address 2951 Halstead Rd		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43221	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jody McCague					
Street Address 3315 Harrisburg Georgesville Rd		Employer/Occupation/Labor Organization*		M 0	D 4
City Grove City		State OH	Zip Code 43123	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jan Jedlinsky					
Street Address 825 Retreat Ln		Employer/Occupation/Labor Organization*		M 0	D 4
City Powell		State OH	Zip Code 43065	Y 0	Amount \$80.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Shari Carroll					
Street Address 55 E Lakeview Ave		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43202	Y 0	Amount \$100.00
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 \$ **\$400.00**