

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 W E Valentine			Registration Number, if PAC	
Street Address 529 Crestview Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jake Will			Registration Number, if PAC	
Street Address 2614 Edington Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Andrew Ferris			Registration Number, if PAC	
Street Address 3941 Fairlington Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 2	Amount \$250.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lynda Long			Registration Number, if PAC	
Street Address 6019 S Old State Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 2	Amount \$50.00
City Lewis Center Rd	State OH	Zip Code 43035	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sarah Eagleson			Registration Number, if PAC	
Street Address 1000 Urlin Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles Crable			Registration Number, if PAC	
Street Address 2583 Landings Way	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 2	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Myrtle Hay			Registration Number, if PAC	
Street Address 5750 Ravine Creek Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 2	Amount \$100.00
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 \$ **\$700.00**