

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 Jeffrey Brader			Registration Number, if PAC	
Street Address 6730 Lake Trail Dr	Employer/Occupation/Labor Organization*		M 1	D 0
City Westerville	State OH	Zip Code 43082	Y 7	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Angela Smith			Registration Number, if PAC	
Street Address 1126 Golden Willow Pl	Employer/Occupation/Labor Organization*		M 1	D 0
City Blacklick	State OH	Zip Code 43004	Y 7	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Daryl Hennessy			Registration Number, if PAC	
Street Address 2965 Palmetto St	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43204	Y 7	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James Green			Registration Number, if PAC	
Street Address 375 S High St	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 7	Amount \$80.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Nate Green			Registration Number, if PAC	
Street Address 707 Chelsea Ave	Employer/Occupation/Labor Organization*		M 1	D 0
City Bexley	State OH	Zip Code 43209	Y 7	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ringle for Engineer			Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43206	Y 7	Amount \$400.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Shawn Barral			Registration Number, if PAC	
Street Address 5644 Cloverleaf Ct	Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City	State OH	Zip Code 43123	Y 7	Amount \$50.00
Form (Cash, Check, etc.) EFT				

* 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 \$ **\$980.00**