

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 Lisa Fallara			Registration Number, if PAC	
Street Address 20 E Dunedin Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Colmbus	State OH	Zip Code 43214	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Marc Schare			Registration Number, if PAC	
Street Address 2113 Selbourne Ct	Employer/Occupation/Labor Organization*		M 0	D 3
City Dublin	State OH	Zip Code 43016	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Connie Farabaugh			Registration Number, if PAC	
Street Address 8575 Fallgold Ln	Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville	State OH	Zip Code 43082	Y 1	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 0	D 3
City Columbus	State OH	Zip Code 43204	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Charlene Schultheis			Registration Number, if PAC	
Street Address 6011 Blunden Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Dublin	State OH	Zip Code 43016	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jed Morison			Registration Number, if PAC	
Street Address 2572 Brentwood Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Garry Hay			Registration Number, if PAC	
Street Address 5217 Redwing St	Employer/Occupation/Labor Organization*		M 0	D 3
City Zephyrhills	State FL	Zip Code 33541	Y 1	Amount \$50.00
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 \$ **\$350.00**