

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 Subpoena Service Plus LLC				Registration Number, if PAC		
Street Address 5611 Belle Oak Dr	Employer/Occupation/Labor Organization*		M 0	D 3	Y 3	Amount \$150.00
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.) Check			
Full Name of Contributor Citizens for Chris Long				Registration Number, if PAC		
Street Address 1675 Haft Dr	Employer/Occupation/Labor Organization*		M 0	D 3	Y 3	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ross Chambers				Registration Number, if PAC		
Street Address 12364 Thoroughbred Dr	Employer/Occupation/Labor Organization*		M 0	D 3	Y 3	Amount \$50.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check			
Full Name of Contributor Tim Thickstun				Registration Number, if PAC		
Street Address 325 Deer Trail Rd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 3	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jack Moser				Registration Number, if PAC		
Street Address 8240 Smoke Rd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 3	Amount \$250.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) EFT			
Full Name of Contributor Scott Lucas				Registration Number, if PAC		
Street Address 6293 Oak Ridge Pl	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$250.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check			
Full Name of Contributor Total Employee Contributions From Form 31-G				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount \$2,075.00
City	State OH	Zip Code	Form (Cash, Check, etc.)			

* 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

\$4,825.00

Total expenditures this event.

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Page Total \$ **\$2,875.00**