

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | |
|--|--------------------|---|---------------|---------------|--|---------------|---------------------------|
| Name of Committee in Full Citizens for Hawk | | | | | | | |
| Full Name of Contributor J Gregory Hart | | | | | Registration Number, if PAC | | |
| Street Address P O Box 298 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) EFT | | |
| City Galloway | State OH | Zip Code 43119 | M 0 | D 4 | Y 1 | Y 1 | Amount \$200.00 |
| Full Name of Contributor Marie Hicks | | | | | Registration Number, if PAC | | |
| Street Address 4894 Kristie Falls | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) EFT | | |
| City Columbus | State OH | Zip Code 43221 | M 0 | D 4 | Y 1 | Y 1 | Amount \$10.00 |
| Full Name of Contributor Chuck Brown | | | | | Registration Number, if PAC | | |
| Street Address 4182 Stoneworks Pl | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) EFT | | |
| City New Albany | State OH | Zip Code 43054 | M 0 | D 4 | Y 1 | Y 1 | Amount \$10.00 |
| Full Name of Contributor Tamara Bowsher | | | | | Registration Number, if PAC | | |
| Street Address 6973 Norwood Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) EFT | | |
| City Grove City | State OH | Zip Code 43123 | M 0 | D 4 | Y 1 | Y 1 | Amount \$20.00 |
| Full Name of Contributor Rami Soufi | | | | | Registration Number, if PAC | | |
| Street Address 6310 Hyland Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) EFT | | |
| City Dublin | State OH | Zip Code 43017 | M 0 | D 4 | Y 1 | Y 1 | Amount \$150.00 |
| Full Name of Contributor Andrews Bay Photography | | | | | Registration Number, if PAC | | |
| Street Address 4103 First St | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) EFT | | |
| City Grove City | State OH | Zip Code 43123 | M 0 | D 4 | Y 1 | Y 1 | Amount \$10.00 |
| Full Name of Contributor Stephen Smith | | | | | Registration Number, if PAC | | |
| Street Address 8097 Summerhouse Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) EFT | | |
| City Dublin | State OH | Zip Code 43016 | M 0 | D 4 | Y 1 | Y 1 | Amount \$10.00 |
| Full Name of Contributor Richard Nolan | | | | | Registration Number, if PAC | | |
| Street Address 6724 Glasin Ct | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) EFT | | |
| City Dublin | State OH | Zip Code 43016 | M 0 | D 4 | Y 1 | Y 1 | Amount \$10.00 |

* 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)]

Page Total **\$420.00**