

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 MaGuire & Schneider, c/o Karl Schneider			Registration Number, if PAC	
Street Address 250 Civic Center Dr	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Lucy Wolfe			Registration Number, if PAC	
Street Address 2800 Eastcleft Dr	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Anne Petit			Registration Number, if PAC	
Street Address 161 Alton Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Galloway	State OH	Zip Code 43119	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Erik Yassenoff			Registration Number, if PAC	
Street Address 1990 Hampshire Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Teresa Edwards			Registration Number, if PAC	
Street Address 5611 Belle Oak Dr	Employer/Occupation/Labor Organization*		M 0	D 8
City Galloway	State OH	Zip Code 43119	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James Chester			Registration Number, if PAC	
Street Address 65 E State St	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Herb Gillen			Registration Number, if PAC	
Street Address 2224 Dorset Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$250.00
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 \$ **\$900.00**