

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Hawk</b>					
Full Name of Contributor <b>William Smith</b>				Registration Number, if PAC	
Street Address <b>223 Glenhurst Ct</b>	Employer/Occupation/Labor Organization*			M   D   Y 0   4   1   8   1   2	Amount <b>\$100.00</b>
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>Check</b>		
Full Name of Contributor <b>Adam Slane</b>				Registration Number, if PAC	
Street Address <b>5330 Sawatch Dr</b>	Employer/Occupation/Labor Organization*			M   D   Y 0   4   1   8   1   2	Amount <b>\$50.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43228</b>	Form (Cash, Check, etc.) <b>Check</b>		
Full Name of Contributor <b>Robert Fletcher</b>				Registration Number, if PAC	
Street Address <b>146 E Frambes Ave</b>	Employer/Occupation/Labor Organization*			M   D   Y 0   4   1   8   1   2	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43201</b>	Form (Cash, Check, etc.) <b>Check</b>		
Full Name of Contributor <b>Fifth Third Bancorp PAC</b>				Registration Number, if PAC <b>COO290502</b>	
Street Address <b>550 E Walnut St</b>	Employer/Occupation/Labor Organization*			M   D   Y 0   4   1   8   1   2	Amount <b>\$250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>		
Full Name of Contributor <b>Daryl Hennessy</b>				Registration Number, if PAC	
Street Address <b>2965 Palmetto St</b>	Employer/Occupation/Labor Organization*			M   D   Y 0   4   1   8   1   2	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43204</b>	Form (Cash, Check, etc.) <b>Cash</b>		
Full Name of Contributor <b>William Stehle</b>				Registration Number, if PAC	
Street Address <b>654 Crossing Creek</b>	Employer/Occupation/Labor Organization*			M   D   Y 0   4   2   3   1   2	Amount <b>\$100.00</b>
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>Check</b>		
Full Name of Contributor <b>Ron Sams</b>				Registration Number, if PAC	
Street Address <b>138 Jana K Ct</b>	Employer/Occupation/Labor Organization*			M   D   Y 0   4   2   3   1   2	Amount <b>\$50.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43207</b>	Form (Cash, Check, etc.) <b>Check</b>		

\* 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 \$ **\$750.00**