

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Hawk</b>									
Full Name of Contributor <b>Andrew Bowers</b>						Registration Number, if PAC			
Street Address <b>953 Neil Ave</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43201</b>		M <b>1</b>	D <b>1</b>	Y <b>0</b>	Y <b>3</b>	Amount <b>\$200.00</b>
Full Name of Contributor <b>Nelson Kohman</b>						Registration Number, if PAC			
Street Address <b>680 Havens Corners Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>		M <b>1</b>	D <b>1</b>	Y <b>1</b>	Y <b>6</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>Keith Hawk</b>						Registration Number, if PAC			
Street Address <b>2374 White Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>		M <b>1</b>	D <b>2</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount

\* 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 **\$800.00**