

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Hawk									
Full Name of Contributor Myrtle Hay							Registration Number, if PAC		
Street Address 5750 Ravine Creek Dr.				Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 0 D 7 Y 0		Amount \$500.00	
Full Name of Contributor Larry Hay							Registration Number, if PAC		
Street Address 2539 McMullen-Allen Rd.				Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check	
City Newton Falls		State OH		Zip Code 44444		M 0 D 7 Y 1		Amount \$100.00	
Full Name of Contributor Amber Blair							Registration Number, if PAC		
Street Address 9586 Whipporwill Rd.				Employer/Occupation/Labor Organization* Physician				Form (Cash, Check, etc.) Check	
City Diamond		State OH		Zip Code 44412		M 0 D 7 Y 2		Amount \$200.00	
Full Name of Contributor Steven Evans							Registration Number, if PAC		
Street Address 6939 Meadow Oak				Employer/Occupation/Labor Organization* Operations Director, Lane Aviation				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43235		M 0 D 8 Y 2		Amount \$500.00	
Full Name of Contributor Paul Elifritz							Registration Number, if PAC		
Street Address 11420 Santa Barbara Drive				Employer/Occupation/Labor Organization* Firefighter, Jackson Twp FD				Form (Cash, Check, etc.) Check	
City Plain City		State OH		Zip Code 43064		M 0 D 9 Y 2		Amount \$50.00	
Full Name of Contributor Clayton Evans							Registration Number, if PAC		
Street Address 2139 Kingscreek Ct.				Employer/Occupation/Labor Organization* Hairstylist				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 1 D 0 Y 0		Amount \$20.00	
Full Name of Contributor Paul Elifritz							Registration Number, if PAC		
Street Address 11420 Santa Barbara Drive				Employer/Occupation/Labor Organization* Firefighter, Jackson Twp FD				Form (Cash, Check, etc.) Check	
City Plain City		State OH		Zip Code 43064		M 1 D 0 Y 0		Amount \$50.00	
Full Name of Contributor Laura Aeh							Registration Number, if PAC		
Street Address 2091 Stargrass Ave.				Employer/Occupation/Labor Organization* Homemaker				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 1 D 0 Y 0		Amount \$100.00	

* 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 **\$1,520.00**