

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 Steven Robinette			Registration Number, if PAC	
Street Address 1166 Pinnacle Club Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$100.00
City Grove City	State OH	Zip Code 43123	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 D Y 1 0 8 1 6	Amount \$100.00
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen Simpson			Registration Number, if PAC	
Street Address 6899 Lauren Pl	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Doug Garver			Registration Number, if PAC	
Street Address 5098 Breckenhurst Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$100.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charlene Schultheis			Registration Number, if PAC	
Street Address 6011 Blunden Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Erica Hawkins			Registration Number, if PAC	
Street Address 1799 Fortstone Ln	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$50.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Arnold			Registration Number, if PAC	
Street Address 3020 Dale Ave	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43209	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 \$ 800.00