

# 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>Curt Mayhew</b>			Registration Number, if PAC			
Street Address <b>4263 Haughn Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0516</b>	Amount <b>\$30.00</b>
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Charlene Schultheis</b>			Registration Number, if PAC			
Street Address <b>6011 Blunden Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0516</b>	Amount <b>\$50.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43016</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Jacob Smith</b>			Registration Number, if PAC			
Street Address <b>7269 Winterbek Ave</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0516</b>	Amount <b>\$50.00</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Michelle Noel-Schierloh</b>			Registration Number, if PAC			
Street Address <b>3379 Oakwood Ave</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0516</b>	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>			
Full Name of Contributor <b>Betsy Nolan</b>			Registration Number, if PAC			
Street Address <b>6724 Glasin Ct</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0516</b>	Amount <b>\$50.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43016</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Amanda Fidler</b>			Registration Number, if PAC			
Street Address <b>166 Cottonwood Pl</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0516</b>	Amount <b>\$25.00</b>
City <b>Commercial Point</b>	State <b>OH</b>	Zip Code <b>43116</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Angela Smith</b>			Registration Number, if PAC			
Street Address <b>1126 Golden Willow Pl</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0716</b>	Amount <b>\$25.00</b>
City <b>Blacklick</b>	State <b>OH</b>	Zip Code <b>43004</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 \$ **\$280.00**