

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 Marisa Webb			Registration Number, if PAC	
Street Address 3020 Oldham Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 6	Amount \$25.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Michael Gordon			Registration Number, if PAC	
Street Address 5124 Abbotsbury Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 6	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Charles Johnson			Registration Number, if PAC	
Street Address 283 Penny Ln	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 6	Amount \$100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Jed Morison			Registration Number, if PAC	
Street Address 2572 Brentwood Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 6	Amount \$50.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Andrew Show			Registration Number, if PAC	
Street Address 7100 N High St	Employer/Occupation/Labor Organization*		M D Y 0 9 2 9 1 6	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Jerry Hunt			Registration Number, if PAC	
Street Address 6470 Buckeye Path Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 9 1 6	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Valoria Hoover			Registration Number, if PAC	
Street Address 5972 Dunheath Loop	Employer/Occupation/Labor Organization*		M D Y 0 9 2 9 1 6	Amount \$250.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) EFT	

* 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

--

Total expenditures this event.

--

Page Total \$ **\$625.00**