

# 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>Marilyn Gleich</b>				Registration Number, if PAC	
Street Address <b>102 Acton Rd</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   7   1   2   1   2	Amount <b>\$50.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Pat Grabill</b>				Registration Number, if PAC	
Street Address <b>2970 Arbuckle Rd</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   7   1   2   1   2	Amount <b>\$250.00</b>
City <b>London</b>		State <b>OH</b>	Zip Code <b>43140</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>MaGuire &amp; Schneider LLP; c/o Karl Schneider</b>				Registration Number, if PAC	
Street Address <b>250 Civic Center Dr</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   7   1   2   1   2	Amount <b>\$50.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Charles Barr</b>				Registration Number, if PAC	
Street Address <b>2020 Brice Rd</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   7   2   3   1   2	Amount <b>\$50.00</b>
City <b>Reynoldsburg</b>		State <b>OH</b>	Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>EFT</b>	
Full Name of Contributor <b>George W Smith</b>				Registration Number, if PAC	
Street Address <b>530 Mangrove Ct</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   7   2   3   1   2	Amount <b>\$100.00</b>
City <b>Marco Island</b>		State <b>FL</b>	Zip Code <b>34145</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Barbara Smith</b>				Registration Number, if PAC	
Street Address <b>2561 Brixton Rd</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   7   2   3   1   2	Amount <b>\$100.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43221</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Total Employee Contributions From Form 31-G</b>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount <b>\$250.00</b>
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	

\* 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

**\$2,750.00**

Total expenditures this event.

**\$499.59**

Page Total \$ **\$850.00**