

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 Ed Hauenstein			Registration Number, if PAC	
Street Address 2926 E Mound St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Frank Tarr			Registration Number, if PAC	
Street Address 2566 Lakebridge Ln	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 2	Amount \$25.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Vickey McVay			Registration Number, if PAC	
Street Address 825 Binns Blvd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 2	Amount \$25.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor J Curtis Mayhew			Registration Number, if PAC	
Street Address 4263 Haughn Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 2	Amount \$30.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Audry Hardy			Registration Number, if PAC	
Street Address 4693 Heatherblend Ct	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 2	Amount \$25.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Potts			Registration Number, if PAC	
Street Address 330 Guemsey Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 2	Amount \$25.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Angela Boonyakieat			Registration Number, if PAC	
Street Address 295 Meadowlark Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 2	Amount \$50.00
City Chillicothe	State OH	Zip Code 45601	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 \$ **\$280.00**