Statement of Contributions Received at a Social or Fund-Raising Event

Event Date_	10/1/09
Page 3	

Prescribed by Secretary of State 03/05

N F.C		
Name of Committee in Full Citizens for Hawk		
Citizens for Hawk Full Name of Contributor	Registration Number, if PAC	
Full Name of Contributor Sarah Antle		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
Street Address 4156 Beechgrove Dr.	Title Researcher	1 0 0 1 0 9 \$75.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Grove City	OH 43123	Cash
Full Name of Contributor		Registration Number, if PAC
Mike Antle		
Street Address	Employer/Occupation/Labor Organization*	
4156 Beechgrove Dr.	Firefighter	1 0 0 1 0 9 \$75.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Grove City	OH 43123	Cash
Full Name of Contributor		Registration Number, if PAC
Kim McCutchen		M D Y Amount
Street Address	Employer/Occupation/Labor Organization* Title Company	M D Y Amount 1 0 0 1 0 9 \$80.00
3928 London Lancaster Rd.	Stal te Zip Code	Form (Cash, Check, etc.)
City Groveport	OH 21p Code 43125	Cash
Grovepon Full Name of Contributor	J 011 10120	Registration Number, if PAC
. an range of Contitution		,
Street Address	Employer/Occupation/Labor Organization ⁴	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
	OH	
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization	* M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
	OH	
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization	* M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
	OH	
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization	* M D Y Amount
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City	State Zip Code	Form (Cash, Check, etc.)
	OH	

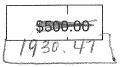
Fill in the boxes below only on the last page for this event.

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
TOLAL	COILLIDULIONS	UIII	C V CIII

\$1,355.00

Total expenditures this event.



Page Total \$ _____\$230.00

^{*} 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)]