

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 JoAnn Davidson			Registration Number, if PAC	
Street Address 6639 Forrester Way	Employer/Occupation/Labor Organization*		M D Y 0 8 1 3 1 6	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kelly McGivern			Registration Number, if PAC	
Street Address 3257 Northampton	Employer/Occupation/Labor Organization*		M D Y 0 8 1 3 1 6	Amount \$100.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Magnuson & Barone; c/o Joe Barone			Registration Number, if PAC	
Street Address 570 Polaris Pkwy	Employer/Occupation/Labor Organization*		M D Y 0 8 1 3 1 6	Amount \$200.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brandi Wielgopolski			Registration Number, if PAC	
Street Address 5315 Cullen	Employer/Occupation/Labor Organization*		M D Y 0 8 1 8 1 6	Amount \$20.00
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Lisa Griffin			Registration Number, if PAC	
Street Address 463 Elsmere St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 8 1 6	Amount \$40.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
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 8 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Linda Altomare			Registration Number, if PAC	
Street Address 2625 Vi Lilly Circle	Employer/Occupation/Labor Organization*		M D Y 0 8 1 8 1 6	Amount \$250.00
City Grove City	State OH	Zip Code 43123	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 \$ **\$810.00**