

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 Strategic Public Partners PAC			Registration Number, if PAC COO499343	
Street Address 88 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 7 2 3 1 2	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Magnuson & Barone; c/o Jeff Auker			Registration Number, if PAC	
Street Address 570 Polaris Prkwy	Employer/Occupation/Labor Organization*		M D Y 0 7 3 1 1 2	Amount \$100.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jed Morison			Registration Number, if PAC	
Street Address 2572 Brentwood Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 3 1 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Traci Crabtree			Registration Number, if PAC	
Street Address 2725 Regina Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Redd			Registration Number, if PAC	
Street Address 4572 Belvedere Pk	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 2	Amount \$25.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Cash	
Full Name of Contributor George Arnold			Registration Number, if PAC	
Street Address 3020 Dale Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Deborah Johnson			Registration Number, if PAC	
Street Address 1903 Brandywine Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43220	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 \$ 825.00