

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

Prescribed by Secretary of State 03/05

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|-------------------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------|--------------------------|
| Name of Committee in Full Citizens for Hawk | | | | |
| Full Name of Contributor Kim Jester | | | Registration Number, if PAC | |
| Street Address 735 Bledsoe Dr | Employer/Occupation/Labor Organization* | | M D Y 0 6 2 1 1 2 | Amount \$20.00 |
| City Galloway | State OH | Zip Code 43119 | Form (Cash, Check, etc.) Cash | |
| Full Name of Contributor Lisa Fallara | | | Registration Number, if PAC | |
| Street Address 20 Dunedin Rd | Employer/Occupation/Labor Organization* | | M D Y 0 6 2 1 1 2 | Amount \$20.00 |
| City Columbus | State OH | Zip Code 43214 | Form (Cash, Check, etc.) Cash | |
| Full Name of Contributor Angela Boonyakieat | | | Registration Number, if PAC | |
| Street Address 863 Lakefield Dr | Employer/Occupation/Labor Organization* | | M D Y 0 6 2 1 1 2 | Amount \$20.00 |
| City Galloway | State OH | Zip Code 43119 | Form (Cash, Check, etc.) Cash | |
| Full Name of Contributor Jeff Meade | | | Registration Number, if PAC | |
| Street Address 2737 Kunz Rd | Employer/Occupation/Labor Organization* | | M D Y 0 6 2 1 1 2 | Amount \$20.00 |
| City Galloway | State OH | Zip Code 43119 | Form (Cash, Check, etc.) Cash | |
| Full Name of Contributor Martin Yant | | | Registration Number, if PAC | |
| Street Address 1000 Urtin Ave | Employer/Occupation/Labor Organization* | | M D Y 0 6 2 1 1 2 | Amount \$20.00 |
| City Columbus | State OH | Zip Code 43212 | Form (Cash, Check, etc.) Cash | |
| Full Name of Contributor Joe Belmonte | | | Registration Number, if PAC | |
| Street Address 1164 St Agnes Ave | Employer/Occupation/Labor Organization* | | M D Y 0 6 2 1 1 2 | Amount \$20.00 |
| City Columbus | State OH | Zip Code 43204 | Form (Cash, Check, etc.) Cash | |
| Full Name of Contributor Terri Jamison | | | Registration Number, if PAC | |
| Street Address 2119 Dawnlight Ave | Employer/Occupation/Labor Organization* | | M D Y 0 6 2 1 1 2 | Amount \$20.00 |
| City Columbus | State OH | Zip Code 43204 | Form (Cash, Check, etc.) Cash | |

* 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 \$ **\$140.00**