

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 VSSP Advocates for Effective Government PAC			Registration Number, if PAC OH108	
Street Address 52 E Gay St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 8 1 6	Amount \$2,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barbara Lach			Registration Number, if PAC	
Street Address 3910 Lyon Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 3 0 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Debra Baxter			Registration Number, if PAC	
Street Address 3181 Kingston Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 3 1 1 6	Amount \$20.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Danielle English			Registration Number, if PAC	
Street Address 1816 Upper Chelsea Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 3 1 1 6	Amount \$150.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Central Ohio Realtors PAC			Registration Number, if PAC CP401	
Street Address 2700 Airport Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 3 1 1 6	Amount \$3,000.00
City Columbus	State OH	Zip Code 43219	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 3 1 1 6	Amount \$25.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Dewey Stokes			Registration Number, if PAC	
Street Address 750 Willow Bend Ln	Employer/Occupation/Labor Organization*		M D Y 0 8 3 1 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43204	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 \$ \$5,395.00