

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

Prescribed by Secretary of State 03/05

|  |   |                          |  |                           |
|--|---|--------------------------|--|---------------------------|
| Name of Committee in Full<br><b>Citizens for Hawk</b>                          |   |                          |  |                           |
| Full Name of Contributor<br><b>Karen Smith</b>                                 |   |                          | Registration Number, if PAC              |                           |
| Street Address<br><b>2917 Blendon Woods</b>                                    | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   8   16   1   2</b>   | Amount<br><b>\$40.00</b>  |
| City<br><b>Columbus</b>  | State<br><b>OH</b>                      | Zip Code<br><b>43231</b> | Form (Cash, Check, etc.)<br><b>Cash</b>  |                           |
| Full Name of Contributor<br><b>Andrew Robinson</b>                             |   |                          | Registration Number, if PAC              |                           |
| Street Address<br><b>2499 Wyndbend Blvd</b>                                    | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   9   01   1   2</b>   | Amount<br><b>\$100.00</b> |
| City<br><b>Powell</b>  | State<br><b>OH</b>                      | Zip Code<br><b>43065</b> | Form (Cash, Check, etc.)<br><b>Check</b> |                           |
| Full Name of Contributor<br><b>Thomas Taneff</b>                               |   |                          | Registration Number, if PAC              |                           |
| Street Address<br><b>600 S High St</b>   | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   9   01   1   2</b>   | Amount<br><b>\$250.00</b> |
| City<br><b>Columbus</b>  | State<br><b>OH</b>                      | Zip Code<br><b>43215</b> | Form (Cash, Check, etc.)<br><b>Check</b> |                           |
| Full Name of Contributor<br><b>James Crowley</b>                               |   |                          | Registration Number, if PAC              |                           |
| Street Address<br><b>4149 Maystar Way</b>                                      | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   9   01   1   2</b>   | Amount<br><b>\$200.00</b> |
| City<br><b>Hilliard</b>  | State<br><b>OH</b>                      | Zip Code<br><b>43026</b> | Form (Cash, Check, etc.)<br><b>Check</b> |                           |
| Full Name of Contributor<br><b>Michael Marlowe</b>                             |   |                          | Registration Number, if PAC              |                           |
| Street Address<br><b>4447 Olmstead Rd</b>                                      | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   9   09   1   2</b>   | Amount<br><b>\$250.00</b> |
| City<br><b>New Albany</b>  | State<br><b>OH</b>                      | Zip Code<br><b>43054</b> | Form (Cash, Check, etc.)<br><b>Check</b> |                           |
| Full Name of Contributor<br><b>Robert Kovey</b>                                |   |                          | Registration Number, if PAC              |                           |
| Street Address<br><b>956 Neil Ave</b>  | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   9   09   1   2</b>   | Amount<br><b>\$250.00</b> |
| City<br><b>Columbus</b>  | State<br><b>OH</b>                      | Zip Code<br><b>43201</b> | Form (Cash, Check, etc.)<br><b>Check</b> |                           |
| Full Name of Contributor<br><b>Total Employee Contributions From Form 31-G</b> |   |                          | Registration Number, if PAC              |                           |
| Street Address   | Employer/Occupation/Labor Organization* |                          | M   D   Y                                | Amount<br><b>\$225.00</b> |
| City   | State<br><b>OH</b>                      | Zip Code                 | Form (Cash, Check, etc.)                 |                           |

\* 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

**\$1,845.00**

Total expenditures this event.

**\$0.00**

Page Total \$ **\$1,315.00**