

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 Neil Doppes			Registration Number, if PAC	
Street Address 5348 Rocky Creek Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 1 3 1 6	Amount \$80.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Glen Basler			Registration Number, if PAC	
Street Address 1120 White Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 1 3 1 6	Amount \$150.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tom Walker			Registration Number, if PAC	
Street Address 5796 Schoolway Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 1 3 1 6	Amount \$25.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) EFT	
Full Name of Contributor David Bright			Registration Number, if PAC	
Street Address 2916 Buxton Ln	Employer/Occupation/Labor Organization*		M D Y 0 5 1 7 1 6	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	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

\$1,335.00

Total expenditures this event.

\$0.00

Page Total \$ 305.00