

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Hawk</b>							
Full Name of Contributor <b>Carla Stephens</b>						Registration Number, if PAC	
Street Address <b>2112 Gingerwood Ct.</b>			Employer/Occupation/Labor Organization* <b>State Employee</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>			State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>
					<b>6</b>	<b>0</b>	<b>9</b>
						Amount <b>\$100.00</b>	
Full Name of Contributor <b>Susan Wiberg</b>						Registration Number, if PAC	
Street Address <b>6120 Jackson Pike</b>			Employer/Occupation/Labor Organization* <b>A Moment in Time Studio</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>			State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>
					<b>3</b>	<b>0</b>	<b>9</b>
						Amount <b>\$200.00</b>	
Full Name of Contributor <b>Betsy Nolan</b>						Registration Number, if PAC	
Street Address <b>6724 Glasin Ct.</b>			Employer/Occupation/Labor Organization* <b>Homemaker</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dublin</b>			State <b>OH</b>	Zip Code <b>43016</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>
					<b>3</b>	<b>0</b>	<b>9</b>
						Amount <b>\$50.00</b>	
Full Name of Contributor <b>Larry Obhof</b>						Registration Number, if PAC	
Street Address <b>5206 Crown Pointe Dr</b>			Employer/Occupation/Labor Organization* <b>Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Medina</b>			State <b>OH</b>	Zip Code <b>44256</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>
					<b>3</b>	<b>0</b>	<b>9</b>
						Amount <b>\$100.00</b>	
Full Name of Contributor <b>Michael Obhof</b>						Registration Number, if PAC	
Street Address <b>5206 Crown Pointe Dr.</b>			Employer/Occupation/Labor Organization* <b>Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Medina</b>			State <b>OH</b>	Zip Code <b>44256</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>
					<b>3</b>	<b>0</b>	<b>9</b>
						Amount <b>\$200.00</b>	
Full Name of Contributor <b>David Montgomery</b>						Registration Number, if PAC	
Street Address <b>4508 Clayburn Dr. W</b>			Employer/Occupation/Labor Organization* <b>Firefighter</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>			State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>
					<b>3</b>	<b>0</b>	<b>9</b>
						Amount <b>\$50.00</b>	
Full Name of Contributor <b>Ann Harr</b>						Registration Number, if PAC	
Street Address <b>3435 Birch St.</b>			Employer/Occupation/Labor Organization* <b>Restoration Hardware</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>			State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>
					<b>7</b>	<b>0</b>	<b>9</b>
						Amount <b>\$100.00</b>	
Full Name of Contributor <b>Jeff Davis</b>						Registration Number, if PAC	
Street Address <b>2694 Hanarry Ct.</b>			Employer/Occupation/Labor Organization* <b>State of Ohio</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>			State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>
					<b>9</b>	<b>0</b>	<b>9</b>
						Amount <b>\$30.00</b>	

\* 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)]

Page Total **\$830.00**