

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 Damita Bradley			Registration Number, if PAC	
Street Address 1643 Minturn Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 1 2	Amount \$50.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor A J Myers			Registration Number, if PAC	
Street Address 384 Eastmoor Blvd	Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Arnold			Registration Number, if PAC	
Street Address 3020 Dale Ave	Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor James Trout			Registration Number, if PAC	
Street Address 1021 Grandon Ave	Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cheryl Lucks			Registration Number, if PAC	
Street Address 152 N Drexel Ave	Employer/Occupation/Labor Organization*		M D Y 0 5 2 4 1 2	Amount \$250.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Patrick West			Registration Number, if PAC	
Street Address 236 Kingsmeadow Ln	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 1 2	Amount \$50.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nelson Reid			Registration Number, if PAC	
Street Address 8252 Spruce Needle Ct	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43235	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 \$ **\$650.00**