

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Hawk</b>					
Full Name of Contributor <b>Patrick Harman</b>				Registration Number, if PAC	
Street Address <b>7468 Marlan Ave</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2016</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>Check</b>		Amount <b>\$100.00</b>
Full Name of Contributor <b>Elizabeth Showalter</b>				Registration Number, if PAC	
Street Address <b>1203 Pinnacle Club Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2016</b>
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>Check</b>		Amount <b>\$25.00</b>
Full Name of Contributor <b>Citizens for Kunze</b>				Registration Number, if PAC	
Street Address <b>865 Macon Alley</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2016</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Form (Cash, Check, etc.) <b>Check</b>		Amount <b>\$200.00</b>
Full Name of Contributor <b>Citizens for Mingo</b>				Registration Number, if PAC	
Street Address <b>12364 Thoroughbred Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2016</b>
City <b>Pickerington</b>	State <b>OH</b>	Zip Code <b>43147</b>	Form (Cash, Check, etc.) <b>Check</b>		Amount <b>\$500.00</b>
Full Name of Contributor <b>Deborah Hummel</b>				Registration Number, if PAC	
Street Address <b>3 Sessions Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>2016</b>
City <b>Bexley</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Check</b>		Amount <b>\$500.00</b>
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)		Amount

\* 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

**\$5,350.00**

Total expenditures this event.

**\$962.63**Page Total \$ **\$1,325.00**