

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 Dan Levesque			Registration Number, if PAC	
Street Address 1453 Ironwood Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 1 2 1 6	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Donald Lee			Registration Number, if PAC	
Street Address 1557 Fairway Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 1 2 1 6	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Greg Rudduck			Registration Number, if PAC	
Street Address 67 Beechwood Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 1 2 1 6	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Dustin Bradbury			Registration Number, if PAC	
Street Address 4456 Sitterly Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 2 1 6	Amount \$100.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Justin Parmenter			Registration Number, if PAC	
Street Address 5107 Snowy Creek Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 1 2 1 6	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Cash	
Full Name of Contributor James Parmenter			Registration Number, if PAC	
Street Address 5107 Snowy Creek Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 1 2 1 6	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Blaine Byers			Registration Number, if PAC	
Street Address 7656 Wills Run Ln	Employer/Occupation/Labor Organization*		M D Y 0 8 1 2 1 6	Amount \$150.00
City Blacklick	State OH	Zip Code 43004	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

\$9,205.00

Total expenditures this event

\$4,049.69

Page Total \$ 750.00