

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 Marilyn Gleich			Registration Number, if PAC	
Street Address 102 Acton Rd	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43214	Y 0	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Chris Macisco			Registration Number, if PAC	
Street Address 219 Frebis Ave	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43206	Y 0	Amount \$75.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Anne Petit			Registration Number, if PAC	
Street Address 161 Alton Rd	Employer/Occupation/Labor Organization*		M 0	D 4
City Galloway	State OH	Zip Code 43119	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Magnuson & Barone; c/o Joe Barone			Registration Number, if PAC	
Street Address 570 Polaris Parkway	Employer/Occupation/Labor Organization*		M 0	D 4
City Westerville	State OH	Zip Code 43082	Y 0	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Maguire & Schneider; c/o Karl Schneider			Registration Number, if PAC	
Street Address 1650 Lake Shore Dr	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43204	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Caryl Cairo			Registration Number, if PAC	
Street Address 1486 Leitnaker Rd	Employer/Occupation/Labor Organization*		M 0	D 4
City Baltimore	State OH	Zip Code 43105	Y 0	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Tim McGrath			Registration Number, if PAC	
Street Address 5305 Rocky Creek Dr	Employer/Occupation/Labor Organization*		M 0	D 4
City Grove City	State OH	Zip Code 43123	Y 0	Amount \$100.00
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 \$ **\$915.00**