

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 Anne Petit			Registration Number, if PAC	
Street Address 161 Alton Rd	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 2	Amount \$250.00
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rich Hillis			Registration Number, if PAC	
Street Address 17 S High St	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 2	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brian Katz			Registration Number, if PAC	
Street Address 3288 Scioto Bend Dr	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 2	Amount \$25.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy Adams			Registration Number, if PAC	
Street Address 1431 W First Ave	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 2	Amount \$30.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jennifer Thrasher			Registration Number, if PAC	
Street Address 1431 W 1st Ave	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 2	Amount \$30.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Betty Montgomery			Registration Number, if PAC	
Street Address 1164 Dawn Dr	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 2	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor JoAnn Davidson			Registration Number, if PAC	
Street Address 6639 Forrester Way	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 2	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	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 \$ **\$1,035.00**