

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 Linda Altomare			Registration Number, if PAC	
Street Address 2625 Vi Lilly Circle	Employer/Occupation/Labor Organization*		M D Y 1 0 7 1 6	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Gretchen Roginson			Registration Number, if PAC	
Street Address 4535 W Dublin Granville Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 7 1 6	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Bill Lewis			Registration Number, if PAC	
Street Address 5276 Princeton Ln	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$100.00
City Groveport	State OH	Zip Code 43125	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Phil Banks			Registration Number, if PAC	
Street Address 3069 Summer Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$80.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Robert Sweetapple			Registration Number, if PAC	
Street Address 1273 Ashland Ave	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$40.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Judith French			Registration Number, if PAC	
Street Address 1113 Westwood Ave	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Deborah Pryce			Registration Number, if PAC	
Street Address 2065 Tremont Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43221	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 \$ **\$620.00**