

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 John Royer			Registration Number, if PAC	
Street Address 1480 Dublin Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 6	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Hummel Title Agency LLC; c/o Debbie Hummel			Registration Number, if PAC	
Street Address 21 E State St	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 6	Amount \$600.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Keith Hamilton			Registration Number, if PAC	
Street Address 7407 Watkins Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 3 1 1 6	Amount \$100.00
City Ostrander	State OH	Zip Code 43061	Form (Cash, Check, etc.) EFT	
Full Name of Contributor David Culbertson			Registration Number, if PAC	
Street Address P O Box 1091	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$150.00
City Mt Vernon	State OH	Zip Code 43050	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Mark Flock			Registration Number, if PAC	
Street Address 5989 Preserve Blvd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$150.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Kevin Eichorn			Registration Number, if PAC	
Street Address 1135 Kitty Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$150.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Philip Wenzel			Registration Number, if PAC	
Street Address 9323 Din Eiden Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$170.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) EFT	

* 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 \$ **\$1,620.00**