

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 Kathy Kerr			Registration Number, if PAC	
Street Address 907 Linworth Village Dr	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Christopher Macisco			Registration Number, if PAC	
Street Address 219 Frebis Ave	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 2	Amount \$25.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Christa Deegan			Registration Number, if PAC	
Street Address 4235 James River Rd	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 2	Amount \$50.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Donald Mason			Registration Number, if PAC	
Street Address 910 Center Ct	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 2	Amount \$200.00
City Zanesville	State OH	Zip Code 43701	Form (Cash, Check, etc.) Check	
Full Name of Contributor Roetzel & Andress; c/o Melissa Hoeffel			Registration Number, if PAC	
Street Address 222 S Main St	Employer/Occupation/Labor Organization*		M D Y 0 6 1 8 1 2	Amount \$250.00
City Akron	State OH	Zip Code 44308	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brandon Ogden			Registration Number, if PAC	
Street Address 613 Canteridge Dr	Employer/Occupation/Labor Organization*		M D Y 0 6 1 8 1 2	Amount \$50.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Addie Jewell			Registration Number, if PAC	
Street Address 4925 Annhurst Rd	Employer/Occupation/Labor Organization*		M D Y 0 6 1 8 1 2	Amount \$30.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Cash	

* 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 \$ **\$655.00**