

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 Brian Kemp			Registration Number, if PAC	
Street Address 2865 Leitnaker Rd	Employer/Occupation/Labor Organization*		M 0	D 9
City Pleasantville	State OH	Zip Code 43148	Y 1	Amount \$250.00
Full Name of Contributor B J Kelly			Registration Number, if PAC	
Street Address 5222 Medallion Dr	Employer/Occupation/Labor Organization*		M 0	D 9
City Westerville	State OH	Zip Code 43082	Y 1	Amount \$100.00
Full Name of Contributor Jill Rudler			Registration Number, if PAC	
Street Address 5383 Langwell Dr	Employer/Occupation/Labor Organization*		M 0	D 9
City Westerville	State OH	Zip Code 43082	Y 1	Amount \$250.00
Full Name of Contributor George W Smith			Registration Number, if PAC	
Street Address 530 Mangrove Ct	Employer/Occupation/Labor Organization*		M 0	D 9
City Marco Island	State FL	Zip Code 34145	Y 1	Amount \$50.00
Full Name of Contributor James Coridan			Registration Number, if PAC	
Street Address 8069 Millway Loop	Employer/Occupation/Labor Organization*		M 0	D 9
City Powell	State OH	Zip Code 43065	Y 1	Amount \$25.00
Full Name of Contributor Judy Tribble			Registration Number, if PAC	
Street Address 5559 Whispering Ridge Dr	Employer/Occupation/Labor Organization*		M 0	D 9
City Galena	State OH	Zip Code 43021	Y 1	Amount \$25.00
Full Name of Contributor Heather Brookey			Registration Number, if PAC	
Street Address 937 Cape Charles Dr	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43228	Y 1	Amount \$25.00

* 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 \$ **\$725.00**