

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 Ringle for Engineer				Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43206	Amount \$5,000.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Citizens for Anne Gonzales				Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43206	Amount \$2,000.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Matthew Parker				Registration Number, if PAC	
Street Address 243 N Fifth St	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$1,000.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Stickney				Registration Number, if PAC	
Street Address 1730 Arlington Ave	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43212	Amount \$1,000.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Melliore				Registration Number, if PAC	
Street Address 5248 Aryshire Dr	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State OH	Zip Code 43017	Amount \$250.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Barnhart				Registration Number, if PAC	
Street Address 5267 Stratford Ave	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Powell	State OH	Zip Code 43065	Amount \$250.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Jump				Registration Number, if PAC	
Street Address 2179 Fairfax Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43221	Amount \$250.00	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 \$ **\$9,750.00**