



Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

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|--|--|--|------------------------------------|---|
| Full Name of Committee Citizens for Hawk | | | | |
| Full Name of Contributor Kim Milam | | | Registration Number, if PAC | |
| Street Address 6144 Buckeye Parkway | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/07/2019 |
| Amount 50.00 | | | | |
| City Grove City | | State OH | Zip Code 43123 | Form (Cash, Check, Etc) Check |
| Full Name of Contributor Charles Crable | | | Registration Number, if PAC | |
| Street Address 3717 Orders Rd | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/07/2019 |
| Amount 1,000.00 | | | | |
| City Grove City | | State OH | Zip Code 43123 | Form (Cash, Check, Etc) Check |
| Full Name of Contributor Steven Robinette | | | Registration Number, if PAC | |
| Street Address 1166 Pinnacle Club Dr | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/07/2019 |
| Amount 100.00 | | | | |
| City Grove City | | State OH | Zip Code 43123 | Form (Cash, Check, Etc) Check |
| Full Name of Contributor Elizabeth Showalter | | | Registration Number, if PAC | |
| Street Address 1203 Pinnacle Club Dr | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/09/2019 |
| Amount 50.00 | | | | |
| City Grove City | | State OH | Zip Code 43123 | Form (Cash, Check, Etc) Check |
| Full Name of Contributor Joe Belmonte | | | Registration Number, if PAC | |
| Street Address 2177 Blue Bell Ln | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/09/2019 |
| Amount 50.00 | | | | |
| City Grove City | | State OH | Zip Code 43123 | 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

Total Expenditures This Event

Page Total \$ 1,250.00