

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 Anne Petit				Registration Number, if PAC	
Street Address 161 Alton Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Galloway		State OH	Zip Code 43119	Y 2	Amount \$75.00
Full Name of Contributor W Zachary Holzapfel				Registration Number, if PAC	
Street Address 5788 Stonepath Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Hilliard		State OH	Zip Code 43026	Y 2	Amount \$100.00
Full Name of Contributor Robert Roach				Registration Number, if PAC	
Street Address 1287 Harrison Pond Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City New Albany		State OH	Zip Code 43054	Y 2	Amount \$75.00
Full Name of Contributor Lynne Crow				Registration Number, if PAC	
Street Address 2615 Marblevista Blvd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43204	Y 2	Amount \$75.00
Full Name of Contributor Jeremy Heck				Registration Number, if PAC	
Street Address 1307 W Third Ave		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43212	Y 2	Amount \$75.00
Full Name of Contributor John Brush				Registration Number, if PAC	
Street Address 3056 Herrick Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$100.00
Full Name of Contributor Erik Yassenoff				Registration Number, if PAC	
Street Address 1990 Hampshire Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$250.00

* 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 \$ **\$750.00**