Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	8/24/11
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Name of Committee in Full Citizens for Hawk			
Full Name of Contributor			Pagistration Number (FDAC)
Anne Petit		1	Registration Number, if PAC
Street Address	Employer/Occurs	ation/Labor Organization*	M. D. Yi Amount
161 Alton Rd	Employer/Occup	anon/Caoor Organization*	0 8 2 9 1 1 \$75.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Galloway	OH	43119	Check
Full Name of Contributor			Registration Number, if PAC
W Zachary Holzapfel			
Street Address	Employer/Occup	ation/Labor Organization*	0 8 2 9 1 1 \$100.00
5788 Stonepath Dr		Zin Code	0 8 2 9 1 1 \$100.00 Form (Cash, Check, etc.)
City Hilliard	Sta¦te OH	Zip Code 43026	Check
Full Name of Contributor	Оп	43020	Registration Number, if PAC
Robert Roach			registration Number, it FAC
Street Address		ation/Labor Organization*	M D Y _I Amount
1287 Harrison Pond Dr	Employer/Cccup	anon/Labor Organization*	0 8 2 9 1 1 \$75.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
New Albany	OH	43054	Check
Full Name of Contributor			Registration Number, if PAC
Lynne Crow			
Street Address	Employer/Occur	ation/Labor Organization*	M D Y Amount
2615 Marblevista Blvd	Employer/occup	adoir Eastor Organizzation	0 8 2 9 1 1 \$75.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43204	Check
Full Name of Contributor		<u> </u>	Registration Number, if PAC
Jeremy Heck			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1307 W Third Ave			0 8 2 9 1 1 \$75.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	Check
Full Name of Contributor John Brush	<u></u>		Registration Number, if PAC
·			
Street Address 3056 Herrick Rd	Employer/Occup	oation/Labor Organization*	0 8 2 9 1 1 1 \$100.00
			0 0 2 0 1 1
City Columbus	OH Stalte	Zip Code 43221	Form (Cash, Check, etc.)
		1	
Full Name of Contributor Erik Yassenoff			Registration Number, if PAC
			M D Y Amount
Street Address 1990 Hampshire Rd	Employer/Occup	pation/Labor Organization*	0 8 2 9 1 1 \$250.00
·	Sta te	Zip Code	Form (Cash, Check, etc.)
City Columbus	OH	43221	Check
Required for contributions from individuals over \$10 the individual's business, if any, rather than employer	JU to statewide and General A: should be listed. If two or mor	ssembly candidates. It contrib 	viol deduction and exceed the aggregate of \$100, th
labor organization of which the employees are member	ers, if any, must also appear. []	R.C. 3517.10(B)(4)]	,
		1	
Fill in the boxes below only on the last page for this ev		Contributor state "Contribution	one from form No. 21 E" and list the date of the ever
Fransfer the Total contributions for this event to form In the date column	NO. 31-A. Under Hull Name of	Contributor state Contribution	DIS NOTE LOTTE IN THE CARE OF THE EVER
ii iie date column			
Total contributions this event		Total expenditures this	event.
		()	
		 	
		<u> </u>	J Page Total \$\$750.00