

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Hawk</b>					
Full Name of Contributor <b>E. Michael Spiers</b>				Registration Number, if PAC	
Street Address <b>6173 Seneca Ct.</b>		Employer/Occupation/Labor Organization* <b>Retired</b>		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>0</b>	Amount <b>\$75.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Myrtle Hay</b>					
Street Address <b>5750 Ravine Creek Dr.</b>		Employer/Occupation/Labor Organization* <b>Retired</b>		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>0</b>	Amount <b>\$75.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Jenelle Griesinger</b>					
Street Address <b>2267 Buttercup Lane</b>		Employer/Occupation/Labor Organization* <b>Mammographer</b>		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>0</b>	Amount <b>\$150.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Cathleen Dotson</b>					
Street Address <b>4365 Kelnor Dr.</b>		Employer/Occupation/Labor Organization* <b>Legal Secretary</b>		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>0</b>	Amount <b>\$75.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Jacob Griesinger</b>					
Street Address <b>2267 Buttercup Lane</b>		Employer/Occupation/Labor Organization* <b>Unemployed</b>		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>0</b>	Amount <b>\$75.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Joe Defelice</b>					
Street Address <b>PO Box 285</b>		Employer/Occupation/Labor Organization* <b>Unemployed</b>		M <b>1</b>	D <b>0</b>
City <b>Lockbourne</b>		State <b>OH</b>	Zip Code <b>43137</b>	Y <b>0</b>	Amount <b>\$75.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Rachel Casto</b>					
Street Address <b>2651 Bryan Circle</b>		Employer/Occupation/Labor Organization* <b>Realtor</b>		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>0</b>	Amount <b>\$75.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	

\* 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

**\$0.00**

Total expenditures this event.

**\$0.00**

Page Total \$ **\$600.00**