

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				Registration Number, if PAC		
Stephen Grossman						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1309 Cherokee Rose Dr			1	0	4	\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Westerville	OH	43081	EFT			
Full Name of Contributor				Registration Number, if PAC		
Grant Douglass						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1115 Urlin Ave			1	0	4	\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43212	Check			
Full Name of Contributor				Registration Number, if PAC		
Doug Gallant						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
511 Evening St			1	0	6	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Worthington	OH	43085	EFT			
Full Name of Contributor				Registration Number, if PAC		
Ed Hauenstein						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2926 E Mound St			1	0	6	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43209	Check			
Full Name of Contributor				Registration Number, if PAC		
Michael Stickney						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1730 Arlington Ave			1	0	7	\$80.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43212	Check			
Full Name of Contributor				Registration Number, if PAC		
T D Dewey						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2951 Halstead Rd			1	0	7	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43221	Check			
Full Name of Contributor				Registration Number, if PAC		
Gail Smith						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1265 Ashland Ave			1	0	7	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43212	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

Total expenditures this event.

Page Total \$ **\$830.00**