

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

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Total expenditures this event.

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Page Total \$ 830.00