

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 Joyce Rhinehart			Registration Number, if PAC	
Street Address 1861 Zollinger Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ross Chambers			Registration Number, if PAC	
Street Address 12364 Thoroughbred Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Pickerington	State OH	Zip Code 43147	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Adele Lipari			Registration Number, if PAC	
Street Address 793 S 5th St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Robert Fletcher			Registration Number, if PAC	
Street Address 146 E Frambes Ave	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43201	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mary Miller			Registration Number, if PAC	
Street Address 171 Greenbank Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Gahanna	State OH	Zip Code 43230	Y 1	Amount \$30.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Gabrielle Wonnell			Registration Number, if PAC	
Street Address 3191 Minerva Lake Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43231	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Doug Green			Registration Number, if PAC	
Street Address 3380 Tremont Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$100.00
Form (Cash, Check, etc.) EFT				

* 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 \$ **\$355.00**