

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 Richard Sommer			Registration Number, if PAC	
Street Address 4231 Demorest Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 9 1 6	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Joy Adkins			Registration Number, if PAC	
Street Address 1273 Fairway Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 9 1 6	Amount \$40.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Debra Sauls			Registration Number, if PAC	
Street Address 2575 Hoover Crossing Way	Employer/Occupation/Labor Organization*		M D Y 1 0 0 3 1 6	Amount \$40.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Dewey Stokes			Registration Number, if PAC	
Street Address 750 Willow Bend Ln	Employer/Occupation/Labor Organization*		M D Y 1 0 0 3 1 6	Amount \$200.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Maguire & Schneider; c/o Karl Schneider			Registration Number, if PAC	
Street Address 1650 Lake Shore Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 0 3 1 6	Amount \$80.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marian Reitano			Registration Number, if PAC	
Street Address 13195 Coventry Ave	Employer/Occupation/Labor Organization*		M D Y 1 0 0 3 1 6	Amount \$25.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Magnuson & Barone; c/o Joe Barone			Registration Number, if PAC	
Street Address 570 Polaris Pkwy	Employer/Occupation/Labor Organization*		M D Y 1 0 0 3 1 6	Amount \$100.00
City Westerville	State OH	Zip Code 43082	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 \$ 535.00