

# 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 Sanford			Registration Number, if PAC	
Street Address 8261 Millhouse Ln	Employer/Occupation/Labor Organization*		M   D   Y 0   9   1   4   1   2	Amount \$25.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kathy Shiflet			Registration Number, if PAC	
Street Address 1540 Willowridge Dr	Employer/Occupation/Labor Organization*		M   D   Y 0   9   1   4   1   2	Amount \$25.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bryan Dean			Registration Number, if PAC	
Street Address 6756 Albany Pond	Employer/Occupation/Labor Organization*		M   D   Y 0   9   1   4   1   2	Amount \$25.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Doug McCloud			Registration Number, if PAC	
Street Address 1666 Birdsong Ct	Employer/Occupation/Labor Organization*		M   D   Y 0   9   1   4   1   2	Amount \$25.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check	
Full Name of Contributor Chris Reese			Registration Number, if PAC	
Street Address 1019 Spring Grove Ln	Employer/Occupation/Labor Organization*		M   D   Y 0   9   1   4   1   2	Amount \$25.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michelle Kennedy			Registration Number, if PAC	
Street Address 4985 Cemetery Rd	Employer/Occupation/Labor Organization*		M   D   Y 0   9   1   4   1   2	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kelvin Ferguson			Registration Number, if PAC	
Street Address 1879 Waterbrook Ln	Employer/Occupation/Labor Organization*		M   D   Y 0   9   1   4   1   2	Amount \$25.00
City Columbus	State OH	Zip Code 43209	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 \$ 200.00