

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Hawk							
Full Name of Contributor Janet Tailford						Registration Number, if PAC	
Street Address 6314 Seneca Way			Employer/Occupation/Labor Organization* Administrative Assistant			Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M 1	D 0	Y 0	Amount \$50.00
Full Name of Contributor Ralph Harper						Registration Number, if PAC	
Street Address 2280 Andover Rd.			Employer/Occupation/Labor Organization* Franklin County Residential Services			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43221	M 1	D 0	Y 1	Amount \$100.00
Full Name of Contributor Cindy Hawk						Registration Number, if PAC	
Street Address 3281 Summer Glen Dr.			Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M 1	D 0	Y 1	Amount \$50.00
Full Name of Contributor CORPAC						Registration Number, if PAC <i>A local PAC only</i>	
Street Address 2600 Airport Drive			Employer/Occupation/Labor Organization* Central Ohio Realtor PAC			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43219	M 0	D 9	Y 1	Amount \$1,000.00
Full Name of Contributor Contributions from Form No. 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M 1	D 0	Y 0	Amount \$1,355.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount

* 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)]

\$2555.00