

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 Lynne Crow				Registration Number, if PAC	
Street Address 2615 Marblevista Blvd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43204	Y 2	Amount \$45.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Michaellynn Evans					
Street Address 4903 Britton Farms Ct		Employer/Occupation/Labor Organization*		M 0	D 8
City Hilliard		State OH	Zip Code 43026	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Anne Petit					
Street Address 161 Alton Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Galloway		State OH	Zip Code 43119	Y 2	Amount \$125.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Kathy Clark					
Street Address 4520 Carriage Hill Ln		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43220	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Sharon Reichard					
Street Address 2427 Marthas Wood		Employer/Occupation/Labor Organization*		M 0	D 8
City Grove City		State OH	Zip Code 43123	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Michele Shuster					
Street Address 7030 Dean Farm Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City New Albany		State OH	Zip Code 43054	Y 2	Amount \$270.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Lily Gajtanouska					
Street Address 3868 Etna St		Employer/Occupation/Labor Organization*		M 0	D 8
City Whitehall		State OH	Zip Code 43213	Y 2	Amount \$45.00
Form (Cash, Check, etc.) Cash					

* 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 \$ **\$735.00**