

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 Baker Law Group; c/o Andrew Baker			Registration Number, if PAC	
Street Address 50 W Broad St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 2	Amount \$25.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jarrold Frobose			Registration Number, if PAC	
Street Address 165 Garden Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Scott Smith			Registration Number, if PAC	
Street Address 3193 Summerdale Ln	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Cash	
Full Name of Contributor David Morse			Registration Number, if PAC	
Street Address 2835 Kunz Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 2	Amount \$50.00
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Dana Welch			Registration Number, if PAC	
Street Address 2231 Sunleaf Ct	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 2	Amount \$25.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Peggy Frey			Registration Number, if PAC	
Street Address 400 Wagon Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 2	Amount \$25.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Don Parsons			Registration Number, if PAC	
Street Address 6913 Kilimanjaro Ct	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 2	Amount \$25.00
City Dublin	State OH	Zip Code 43017	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

--	--

Total expenditures this event

--	--

Page Total \$ **\$250.00**