

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 Katherine Smith			Registration Number, if PAC	
Street Address 1265 Ashland Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 1 3 1 6	Amount \$20.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Joe Stevens			Registration Number, if PAC	
Street Address 2843 Northwest Blvd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 3 1 6	Amount \$300.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bruce Harper			Registration Number, if PAC	
Street Address 2801 Heather Green	Employer/Occupation/Labor Organization*		M D Y 0 8 1 3 1 6	Amount \$250.00
City La Grange	State KY	Zip Code 40031	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Potts			Registration Number, if PAC	
Street Address 330 Guemsey Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 1 3 1 6	Amount \$40.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Anne Petit			Registration Number, if PAC	
Street Address 161 Alton Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 3 1 6	Amount \$50.00
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.) Check	
Full Name of Contributor Damita Bradley			Registration Number, if PAC	
Street Address 1465 Sedgefield Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 1 3 1 6	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Betty Montgomery			Registration Number, if PAC	
Street Address 1164 Dawn Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 1 3 1 6	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	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 \$ **\$810.00**