

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 Scott Hrabcak | | | Registration Number, if PAC | |
| Street Address 150 Baranof | Employer/Occupation/Labor Organization* | | M 0 | D 7 |
| City Westerville | State OH | Zip Code 43081 | Y 1 | Amount \$100.00 |
| Full Name of Contributor R A Benjamin | | | Registration Number, if PAC | |
| Street Address 4828 Rays Circle | Employer/Occupation/Labor Organization* | | M 0 | D 7 |
| City Dublin | State OH | Zip Code 43016 | Y 1 | Amount \$50.00 |
| Full Name of Contributor Jerry White | | | Registration Number, if PAC | |
| Street Address 5710 Highland Lakes Ave | Employer/Occupation/Labor Organization* | | M 0 | D 7 |
| City Westerville | State OH | Zip Code 43082 | Y 1 | Amount \$50.00 |
| Full Name of Contributor Steven Heiser | | | Registration Number, if PAC | |
| Street Address 1687 Doone Rd | Employer/Occupation/Labor Organization* | | M 0 | D 7 |
| City Columbus | State OH | Zip Code 43221 | Y 1 | Amount \$100.00 |
| Full Name of Contributor Brad Bennett | | | Registration Number, if PAC | |
| Street Address 3050 Avalon Rd | Employer/Occupation/Labor Organization* | | M 0 | D 7 |
| City Columbus | State OH | Zip Code 43221 | Y 1 | Amount \$250.00 |
| Full Name of Contributor Joyce Rinehart | | | Registration Number, if PAC | |
| Street Address 1861 Zollinger Rd | Employer/Occupation/Labor Organization* | | M 0 | D 7 |
| City Columbus | State OH | Zip Code 43221 | Y 1 | Amount \$50.00 |
| Full Name of Contributor Jeff Miller | | | Registration Number, if PAC | |
| Street Address 8373 Button Bush Ln | Employer/Occupation/Labor Organization* | | M 0 | D 7 |
| City Westerville | State OH | Zip Code 43082 | Y 1 | Amount \$50.00 |

* 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 \$ **\$650.00**