

## 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		Registration Number, if PAC	
Jennifer Lupiba			
Street Address	Employer/Occupation/Labor Organization*	M	D
1484 Virginia Ave		1	0
		0	7
		1	6
City	State	Zip Code	Amount
Columbus	OH	43212	\$100.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
Shannon Hay			
Street Address	Employer/Occupation/Labor Organization*	M	D
3280 Belgreen Dr		1	0
		0	7
		1	6
City	State	Zip Code	Amount
Grove City	OH	43123	\$100.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
William Damschroder			
Street Address	Employer/Occupation/Labor Organization*	M	D
1304 Westwood Ave		1	0
		0	7
		1	6
City	State	Zip Code	Amount
Columbus	OH	43212	\$40.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
Teresa Edwards			
Street Address	Employer/Occupation/Labor Organization*	M	D
5611 Belle Oak Dr		1	0
		0	7
		1	6
City	State	Zip Code	Amount
Galloway	OH	43119	\$40.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
Jody Burris			
Street Address	Employer/Occupation/Labor Organization*	M	D
4375 Shirlene Ct		1	0
		0	7
		1	6
City	State	Zip Code	Amount
Grove City	OH	43123	\$100.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
Larae Matteo			
Street Address	Employer/Occupation/Labor Organization*	M	D
10155 Juliana Circle		1	0
		0	7
		1	6
City	State	Zip Code	Amount
Powell	OH	43065	\$40.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
Rhiannon Ferrari			
Street Address	Employer/Occupation/Labor Organization*	M	D
5300 Gillette Ave		1	0
		0	7
		1	6
City	State	Zip Code	Amount
Hilliard	OH	43026	\$75.00
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

Total expenditures this event.

Page Total \$ \$495.00