31-E
R.C. 3517.10(B)

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				
Fred George							

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1695 Hopkins Ave			0 6	2 1	1 2	$20.00	
City	State	Zip Code	Form (Cash, Check, etc.)				
Galloway	OH	43119	Cash				

Full Name of Contributor			Registration Number, if PAC				
Tammy Lehnert							

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
3263 Race St			0 6	2 1	1 2	$20.00	
City	State	Zip Code	Form (Cash, Check, etc.)				
Columbus	OH	43204	Cash				

Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
	OH						

Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
	OH						

Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
	OH						

Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
	OH						

Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
	OH						

* 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

$820.00

Total expenditures this event.

$0.00

Page Total $	$40.00