

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 David States			Registration Number, if PAC	
Street Address 9851 Archer Ln	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 6	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jennifer Morrison			Registration Number, if PAC	
Street Address 2855 Canterbury Ln	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 6	Amount \$25.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Grant Douglass			Registration Number, if PAC	
Street Address 1115 Urtin Ave	Employer/Occupation/Labor Organization*		M D Y 0 6 2 3 1 6	Amount \$500.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carla Stephens			Registration Number, if PAC	
Street Address 2112 Gingerwood Ct	Employer/Occupation/Labor Organization*		M D Y 0 6 2 3 1 6	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Anne Petit			Registration Number, if PAC	
Street Address 161 Alton Rd	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 6	Amount \$100.00
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.) EFT	
Full Name of Contributor John Michels			Registration Number, if PAC	
Street Address 5299 Ponderosa Dr	Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43231	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Jon Roach			Registration Number, if PAC	
Street Address 3980 Broadway	Employer/Occupation/Labor Organization*		M D Y 0 7 0 7 1 6	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	

* 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 \$ **\$925.00**