

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 Michael Mimnaugh			Registration Number, if PAC	
Street Address 2261 Glenmere Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$40.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kathy Shiflet			Registration Number, if PAC	
Street Address 1540 Willowridge Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$150.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Check	
Full Name of Contributor Melissa Friermood			Registration Number, if PAC	
Street Address 1556 Trentwood Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$150.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Mimnaugh			Registration Number, if PAC	
Street Address 2261 Glenmere Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$150.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ross Chambers			Registration Number, if PAC	
Street Address 12364 Thoroughbred Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$300.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Citizens for Mingo			Registration Number, if PAC	
Street Address 12364 Thoroughbred Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 6	Amount \$300.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Amy Searcy			Registration Number, if PAC	
Street Address 8668 Mt Hope Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 4 1 6	Amount \$50.00
City Harrison	State OH	Zip Code 45030	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 \$ 1,140.00