

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Citizens for Hawk			
Full Name of Contributor Deborah Johnson		Registration Number, if PAC	
Street Address 1903 Brandywine Dr	Employer/Occupation/Labor Organization*	M   D   Y   Amount 0   8   2   9   1   1   \$250.00	
City Columbus	State OH   Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Frank Ciotola		Registration Number, if PAC	
Street Address 2707 Lear Rd		M   D   Y   Amount 0   8   2   9   1   1   \$100.00	
City Columbus	State OH   Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kevin Connors		Registration Number, if PAC	
Street Address 1 Miranova Pl		M   D   Y   Amount 0   8   2   9   1   1   \$100.00	
City Columbus	State OH   Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Jump		Registration Number, if PAC	
Street Address 2130 Arlington Ave		M   D   Y   Amount 0   8   2   9   1   1   \$250.00	
City Columbus	State OH   Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Harris, McClellan, Binau & Cox; c/o Dan Binau		Registration Number, if PAC	
Street Address 37 W Broad St		M   D   Y   Amount 0   8   2   9   1   1   \$250.00	
City Columbus	State OH   Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dan Rankin		Registration Number, if PAC	
Street Address 2649 Westmont Blvd		M   D   Y   Amount 0   8   2   9   1   1   \$50.00	
City Columbus	State OH   Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ilora Beth LeFevre		Registration Number, if PAC	
Street Address 3600 Fishinger Mill Dr		M   D   Y   Amount 1   0   0   3   1   1   \$75.00	
City Hilliard	State OH   Zip Code 43026	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

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Total expenditures this event.

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Page Total \$	\$1,075.00
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