

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 Kari Hertel				Registration Number, if PAC	
Street Address 4607 Wuertz Ct		Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 6	Amount \$50.00
City Dublin		State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Royer				Registration Number, if PAC	
Street Address 1480 Dublin Rd		Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 6	Amount \$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Frank Tarr				Registration Number, if PAC	
Street Address 2566 Lakebridge Ln		Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 1 6	Amount \$50.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Brandon Ogden				Registration Number, if PAC	
Street Address 613 Canteridge Dr		Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 1 6	Amount \$50.00
City Pickerington		State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sarah Jantausch				Registration Number, if PAC	
Street Address 96 Elizabeth St		Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 1 6	Amount \$20.00
City Delaware		State OH	Zip Code 43015	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ed Hauenstein				Registration Number, if PAC	
Street Address 2926 E Mound St		Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 6	Amount \$100.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brinda Arnold				Registration Number, if PAC	
Street Address 1216 Richter Rd		Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 6	Amount \$100.00
City Columbus		State OH	Zip Code 43223	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 \$ **\$620.00**