

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 Charlotte Van Steyn			Registration Number, if PAC	
Street Address 5903 Dublin Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$50.00
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) Check	
Full Name of Contributor Myrtle Crable			Registration Number, if PAC	
Street Address 2191 Ravine Woods Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$500.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Patrick Rafter			Registration Number, if PAC	
Street Address 1202 Pondhollow Ln	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$200.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Metzbower for Gahanna			Registration Number, if PAC	
Street Address 39 E Whittier St	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jill Rudler			Registration Number, if PAC	
Street Address 5385 Langwell Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$40.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen Imes			Registration Number, if PAC	
Street Address 1812 Collingswood Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$40.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dow Voelker			Registration Number, if PAC	
Street Address 1620 W First Ave	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 6	Amount \$40.00
City Columbus	State OH	Zip Code 43212	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 \$ **\$970.00**