

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 Lisa Flallara			Registration Number, if PAC	
Street Address 20 E Dunedin Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 6	Amount \$40.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Jolley			Registration Number, if PAC	
Street Address 4425 Rosemary Pkwy	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) EFT	
Full Name of Contributor D J Cramblit			Registration Number, if PAC	
Street Address 5799 Quail Run Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 6	Amount \$300.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Stan Collins			Registration Number, if PAC	
Street Address 423 Hickory Ln	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 6	Amount \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) EFT	
Full Name of Contributor James Stevenson			Registration Number, if PAC	
Street Address 7107 Asheville Park Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Marilyn Sue Lusk-Gleich			Registration Number, if PAC	
Street Address 102 Acton Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Joyce Rhinehart			Registration Number, if PAC	
Street Address 1861 Zollinger Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43221	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 \$ **\$840.00**