

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 Ed Hauenstein			Registration Number, if PAC	
Street Address 2926 E Mound St	Employer/Occupation/Labor Organization*		M D Y 0 7 0 7 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sharon Reichard			Registration Number, if PAC	
Street Address 2427 Marthas Wood	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 6	Amount \$500.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Richard Nolan			Registration Number, if PAC	
Street Address 6724 Glasin Ct	Employer/Occupation/Labor Organization*		M D Y 0 7 1 8 1 6	Amount \$500.00
City Dublin	State OH	Zip Code 43016	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 7 2 2 1 6	Amount \$250.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brian Camahan			Registration Number, if PAC	
Street Address 5015 Hilliard Green Dr	Employer/Occupation/Labor Organization*		M D Y 0 7 2 2 1 6	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Jeff Kemmerling			Registration Number, if PAC	
Street Address 6643 Seeds Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 2 5 1 6	Amount \$700.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Laurie Ludlum			Registration Number, if PAC	
Street Address 1615 Dundee Ct	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43227	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 \$ **\$2,200.00**