

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 Buckeye Patriot PAC			Registration Number, if PAC COO239905	
Street Address 2525 N Limestone St	Employer/Occupation/Labor Organization*		M D Y 1 0 2 6 1 2	Amount \$200.00
City Springfield	State OH	Zip Code 45503	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kari Hertel			Registration Number, if PAC	
Street Address 4607 Wuertz Ct	Employer/Occupation/Labor Organization*		M D Y 1 0 2 6 1 2	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Scheid			Registration Number, if PAC	
Street Address 455 E N Broadway	Employer/Occupation/Labor Organization*		M D Y 1 0 2 6 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Zachary Holzapfel			Registration Number, if PAC	
Street Address 5788 Stonepath Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 2 6 1 2	Amount \$100.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor JoAnn Davidson			Registration Number, if PAC	
Street Address 6639 Forrester Way	Employer/Occupation/Labor Organization*		M D Y 1 0 2 6 1 2	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Worthington Republican Women			Registration Number, if PAC	
Street Address 7662 Cloister Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 2 6 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Stobbs			Registration Number, if PAC	
Street Address 72311 Colerain-Mt Pleasant	Employer/Occupation/Labor Organization*		M D Y 1 0 2 6 1 2	Amount \$50.00
City Dillonvale	State OH	Zip Code 43917	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

--	--

Total expenditures this event.

--	--

Page Total \$ 750.00