

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 Jeffrey Brader				Registration Number, if PAC	
Street Address 6730 Lake Trail Dr	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1 0 1 6
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check		Amount \$200.00
Full Name of Contributor Charles Griffith				Registration Number, if PAC	
Street Address 522 N State St	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1 0 1 6
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Charles Griffith				Registration Number, if PAC	
Street Address 522 N State St	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1 0 1 6
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check		Amount \$500.00
Full Name of Contributor David Martin				Registration Number, if PAC	
Street Address 6031 Wilton House Ct	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1 0 1 6
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check		Amount \$500.00
Full Name of Contributor Keith Hamilton				Registration Number, if PAC	
Street Address 7407 Watkins Rd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1 1 1 6
City Ostrander	State OH	Zip Code 43061	Form (Cash, Check, etc.) Cash		Amount \$50.00
Full Name of Contributor Diane Chime				Registration Number, if PAC	
Street Address 6056 Witherspoon Way	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1 1 1 6
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Cash		Amount \$60.00
Full Name of Contributor Matthew Swain				Registration Number, if PAC	
Street Address 6687 Balsam Dr	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1 1 1 6
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Cash		Amount \$20.00

* 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 \$ **\$1,380.00**