

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 Matt Damschroder			Registration Number, if PAC	
Street Address 363 E Beechwold Blvd	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Strat PAC			Registration Number, if PAC COO382416	
Street Address 88 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 1 2	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Christopher Pedon			Registration Number, if PAC	
Street Address 373 S Drexel Ave	Employer/Occupation/Labor Organization*		M D Y 0 6 0 5 1 2	Amount \$50.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor J Wm Uttley			Registration Number, if PAC	
Street Address 4177 Stoneroot Dr	Employer/Occupation/Labor Organization*		M D Y 0 6 0 5 1 2	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Total Employee Contributions From Form 31-G			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount \$250.00
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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

\$1,350.00

Total expenditures this event.

\$166.65

Page Total \$ **\$700.00**