Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 6/26/12]
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Name of Committee in Full		
Citizens for Hawk		
Full Name of Contributor		Registration Number, if PAC
Realtors PAC		CP401
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
200 E Town St		0 7 1 6 1 2 \$2,500.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Columbus	OH 43215	Check
Full Name of Contributor		Registration Number, if PAC
Total Employee Contributions From Form 3	81-G	
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
		\$4,450.00
City	State Zip Code	Form (Cash, Check, etc.)
	I OH	
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y ₁ Amount
	i improjenose spanovi zakon organization	
City	State Zip Code	Form (Cash, Check, etc.)
	OH I	Tom (casic check, etc.)
Full Name of Contributor	- 1 011 1 3	Registration Number, if PAC
	I	registration runibel, if the
Street Address	<u> </u>	M D Y Amount
	Employer/Occupation/Labor Organization*	Amount
City	State Zip Code	
	OH Liptour	Form (Cash, Check, etc.)
Full Name of Contributor	I OH i	During (W. L. 1984)
in Name of Continuos	1	Registration Number, if PAC
Street Address	· · · · · · · · · · · · · · · · · · ·	W I S I W
Succe Address	Employer/Occupation/Labor Organization*	M D Y Amount
Cin		
City	State Zip Code	Form (Cash, Check, etc.)
- No.		
Full Name of Contributor	•	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Sta' te Zip Code	Form (Cash, Check, etc.)
	OH	
Full Name of Contributor)	Registration Number, if PAC
		j
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
	OH	
Required for contributions from individuals over \$100	to statewide and General Assembly candidates. If contrib	utor is self-employed, the occupation and the name of

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	o. 51 7 . Chack I at Mane of Conditions and Conditions from Infili	to. 31-13 and list the date of the event
Total contributions this event	Total expenditures this event.	
\$17,565.00	\$4,086.07	Page Total \$ \$6,950.00

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)]