



## **Statement of Contributions Received**

Form 31-A ORC 3517.10

Full Name of Committee					
Citizens for Hawk					
	<del> </del>			r	
Full Name of Contributor Registration Num				er, if PAC	
Ed Hauenstein					
Street Address	Employ	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
2926 E Mound St					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43209		05/31/2019	50.00
Full Name of Contributor			<u> </u>	Registration Number	er, if PAC
Sharon Reichard					
Street Address	Employ	er/Occupation/Lab	or Organization*	Organization* Form (Cash, Cl	
2427 Martha's Wood				Check	
City	State	Zip Code	Date (MM/D	DMYYY)	Amount
Grove City	ОН	43123	10/01/2019		500.00
Full Name of Contributor		<u>. I</u>	L	Registration Numb	er, if PAC
Total Contributions From Form 31-E					
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
				09/05/2019	4,415.00
Full Name of Contributor	F		Registration Number, if PAC		
Street Address	Employ	vor/Occupation/Lab	nor Omonization*		Form (Cook Chock etc.)
Sueet Address	Employ	er/Occupation/Lat	/Occupation/Labor Organization* Form (Cash, Check, et		
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
	<b>[</b>				

\*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)]

Page Total 4,965.00	
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