

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 Judy Salisbury			Registration Number, if PAC	
Street Address 935 Pinnacle Club Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 1 3 1 6	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Subpoena Services Plus LLC; c/o Teresa Edwards			Registration Number, if PAC	
Street Address 5611 Belle Oak Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 1 3 1 6	Amount \$40.00
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marilyn Stephens			Registration Number, if PAC	
Street Address 118 E Kossuth St	Employer/Occupation/Labor Organization*		M D Y 0 5 1 3 1 6	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jody McCague			Registration Number, if PAC	
Street Address 3315 Har-Georgesville Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 1 3 1 6	Amount \$40.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Citizens for Mingo			Registration Number, if PAC	
Street Address 12364 Thoroughbred Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 1 3 1 6	Amount \$250.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Adam Slane			Registration Number, if PAC	
Street Address 5330 Sawatch Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 1 3 1 6	Amount \$40.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ben Brace			Registration Number, if PAC	
Street Address 4090 Haughn Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 1 3 1 6	Amount \$50.00
City Grove City	State OH	Zip Code 43123	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

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Total expenditures this event.

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Page Total \$ 570.00