

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 Sandra Thomas			Registration Number, if PAC	
Street Address 6400 Sparling Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 2 5 1 6	Amount \$100.00
City West Jefferson	State OH	Zip Code 43162	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charlotte Van Steyn			Registration Number, if PAC	
Street Address 5903 Dublin Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 2 5 1 6	Amount \$100.00
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) Check	
Full Name of Contributor E Marlene Mahoney			Registration Number, if PAC	
Street Address 2280 Pinebrook Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 2 5 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Deborah Johnson			Registration Number, if PAC	
Street Address 1903 Brandywine Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 2 5 1 6	Amount \$50.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Scott Schiff			Registration Number, if PAC	
Street Address 115 W Main St	Employer/Occupation/Labor Organization*		M D Y 0 5 2 5 1 6	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rich Hillis			Registration Number, if PAC	
Street Address 17 S High St	Employer/Occupation/Labor Organization*		M D Y 0 5 2 5 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ringle for Engineer			Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M D Y 0 5 2 5 1 6	Amount \$750.00
City Columbus	State OH	Zip Code 43206	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 \$ 1,400.00