

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 Myrtle Crable			Registration Number, if PAC	
Street Address 447 Scioto Villa Ln	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43207	Y 1	Amount \$560.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Doug Gallant			Registration Number, if PAC	
Street Address 511 Evening St	Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$560.00
			Form (Cash, Check, etc.) EFT	
Full Name of Contributor John Hoppers			Registration Number, if PAC	
Street Address 575 S Third St	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$400.00
			Form (Cash, Check, etc.) EFT	
Full Name of Contributor Linda Altomare			Registration Number, if PAC	
Street Address 2625 Vi Lilly Circle	Employer/Occupation/Labor Organization*		M 0	D 6
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$200.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Arthur Travis			Registration Number, if PAC	
Street Address 955 Barclay Dr	Employer/Occupation/Labor Organization*		M 0	D 6
City Galloway	State OH	Zip Code 43119	Y 1	Amount \$300.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Gabrielle Wonnell			Registration Number, if PAC	
Street Address 3191 Minerva Lake Rd	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43231	Y 1	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Steven Gresch			Registration Number, if PAC	
Street Address 525 Deer Trail	Employer/Occupation/Labor Organization*		M 0	D 6
City Westerville	State OH	Zip Code 43082	Y 1	Amount \$150.00
			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 \$ 2,270.00