

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|   |  |                    |   |  |               |                             |  |               |                           |
|---|--|--------------------|---|--|---------------|-----------------------------|--|---------------|---------------------------|
| Name of Committee in Full<br><b>Citizens for Hawk</b> |  |                    |   |  |               |                             |  |               |                           |
| Full Name of Contributor<br><b>Todd Larson</b>        |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address<br><b>81 E Kelso Rd</b>                |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>EFT</b> |               |                           |
| City<br><b>Columbus</b>                               |  | State<br><b>OH</b> | Zip Code<br><b>43202</b>                |  | M<br><b>0</b> | D<br><b>4</b>               | Y<br><b>1</b>                          | Y<br><b>1</b> | Amount<br><b>\$10.00</b>  |
| Full Name of Contributor<br><b>Gary Parsons</b>       |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address<br><b>6445 Meadowbrook Circle</b>      |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>EFT</b> |               |                           |
| City<br><b>Worthington</b>                            |  | State<br><b>OH</b> | Zip Code<br><b>43085</b>                |  | M<br><b>0</b> | D<br><b>4</b>               | Y<br><b>1</b>                          | Y<br><b>1</b> | Amount<br><b>\$25.00</b>  |
| Full Name of Contributor<br><b>Barnaby Reagan</b>     |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address<br><b>4205 Goldenseal Way</b>          |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>EFT</b> |               |                           |
| City<br><b>Hilliard</b>                               |  | State<br><b>OH</b> | Zip Code<br><b>43026</b>                |  | M<br><b>0</b> | D<br><b>4</b>               | Y<br><b>1</b>                          | Y<br><b>1</b> | Amount<br><b>\$20.00</b>  |
| Full Name of Contributor<br><b>Linda Altomare</b>     |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address<br><b>2625 Vililly Circle</b>          |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>EFT</b> |               |                           |
| City<br><b>Grove City</b>                             |  | State<br><b>OH</b> | Zip Code<br><b>43123</b>                |  | M<br><b>0</b> | D<br><b>4</b>               | Y<br><b>1</b>                          | Y<br><b>1</b> | Amount<br><b>\$100.00</b> |
| Full Name of Contributor<br><b>Louise Potter</b>      |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address<br><b>1953 Fishing Rd</b>              |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>EFT</b> |               |                           |
| City<br><b>Columbus</b>                               |  | State<br><b>OH</b> | Zip Code<br><b>43221</b>                |  | M<br><b>0</b> | D<br><b>4</b>               | Y<br><b>1</b>                          | Y<br><b>1</b> | Amount<br><b>\$10.00</b>  |
| Full Name of Contributor<br><b>Jim Kusan</b>          |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address<br><b>4355 Orders Rd</b>               |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>EFT</b> |               |                           |
| City<br><b>Grove City</b>                             |  | State<br><b>OH</b> | Zip Code<br><b>43123</b>                |  | M<br><b>0</b> | D<br><b>4</b>               | Y<br><b>1</b>                          | Y<br><b>1</b> | Amount<br><b>\$100.00</b> |
| Full Name of Contributor<br><b>Rita Graham</b>        |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address<br><b>3718 Hendron Rd</b>              |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>EFT</b> |               |                           |
| City<br><b>Groveport</b>                              |  | State<br><b>OH</b> | Zip Code<br><b>43125</b>                |  | M<br><b>0</b> | D<br><b>4</b>               | Y<br><b>1</b>                          | Y<br><b>1</b> | Amount<br><b>\$10.00</b>  |
| Full Name of Contributor<br><b>Audry Hardy</b>        |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address<br><b>4693 Heatherblend Ct</b>         |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>EFT</b> |               |                           |
| City<br><b>Grove City</b>                             |  | State<br><b>OH</b> | Zip Code<br><b>43123</b>                |  | M<br><b>0</b> | D<br><b>4</b>               | Y<br><b>1</b>                          | Y<br><b>1</b> | Amount<br><b>\$10.00</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 **\$285.00**