

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Hawk						
Full Name of Contributor Earl Smith				Registration Number, if PAC		
Street Address 5121 Southminster Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) EFT	
City Columbus		State OH	Zip Code 43221	M 0	D 9	Y 2 4 1 2
				Amount \$20.00		
Full Name of Contributor Robert Eunice				Registration Number, if PAC		
Street Address 1111 Twilight Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg		State OH	Zip Code 43068	M 0	D 9	Y 2 4 1 2
				Amount \$100.00		
Full Name of Contributor Richard Fagan				Registration Number, if PAC		
Street Address 4263 Waterside Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M 0	D 9	Y 2 4 1 2
				Amount \$20.00		
Full Name of Contributor Jennifer Thrasher				Registration Number, if PAC		
Street Address 1431 W 1st Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43212	M 0	D 9	Y 2 4 1 2
				Amount \$20.00		
Full Name of Contributor Timothy Adams				Registration Number, if PAC		
Street Address 1431 W First Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43212	M 0	D 9	Y 2 4 1 2
				Amount \$40.00		
Full Name of Contributor Committee for Jim Hughes; c/o Brad Sinnott				Registration Number, if PAC		
Street Address 52 E Gay St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 0	D 9	Y 2 4 1 2
				Amount \$1,000.00		
Full Name of Contributor Tim McGrath				Registration Number, if PAC		
Street Address 5305 Rocky Creek Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M 1	D 0	Y 0 1 1 2
				Amount \$100.00		
Full Name of Contributor Nathan Slonaker				Registration Number, if PAC		
Street Address 313 College St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport		State OH	Zip Code 43125	M 1	D 0	Y 1 1 1 2
				Amount \$100.00		

* 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)]