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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			 	
Citizens for Hawk				
Full Name of Contributor			المستحد بي المستحديد المس	
Geoff Smith				
Street Address			M D Y	Amount
3578 Sunset Dr			0 5 2 4 1 2	\$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43221	Check	a resource and
Full Name of Contributor		*****		
Ed Hauenstein				
Street Address			M D Y	Amount
2926 E Mound St			0 5 2 4 1 2	\$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43209	Check	
Full Name of Contributor				
Carl Reardon				rainte de la company de la
Street Address			M D Y	Amount
1869 Elmore Ave			0 6 0 1 1 2	\$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	ОН	43224	Check	
Full Name of Contributor				The second secon
Charlene Schultheis				
Street Address			M D Y	Amount
6011 Blunden Rd			0 6 0 5 1 2	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Dublin	OH	43016	Check	
Full Name of Contributor				
Street Address			M D Y	Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
-	OH			A CONTRACT OF THE PARTY OF THE
Full Name of Contributor Total Employee Contributions From Page 76				
Street Address Transferred to Form 31-E			M D Y	Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
•	OH			
The above are employees of a unit or department under the din	, who currently holds the public office			
of County Recorder 1 hereby	affirm that each contribution was vo	huntarily made.		
DO (Signatur	re of Treasurer or Deputy Treasurer)			

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from No. 31-G."

\$250.00

Page Total \$