Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

		F	
Name of Committee in Full			
Citizens for Hawk			
Full Name of Contributor		Ī	
Eric Johnson			
Street Address	-		M D Y Amount
5635 Oliver St			0 8 2 4 1 1 \$45.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43231	Cash
Full Name of Contributor			
Nada Kuzevska			
Street Address		;	M D Y Amount
478 Collingwood Ave	n	la: o l	0 8 2 4 1 1 \$45.00
City	State OH	Zip Code	Form (Cash, Check, etc.) Cash
Whitehall	Un	43213	Casn
Full Name of Contributor]	
Linda Siagle		<u> </u>	M D Y Amount
Street Address 600 Sheldon Ave			0 8 2 4 1 1 \$60.00
	Sta te	Zip Code	Form (Cash, Check, etc.)
City Columbus	OH	43207	Check
Full Name of Contributor	011	40201	
Total Employee Contributions From Pages 22. Through	nh 24	•	
Street Address	g., 1		M D Y Amount
Transferred To Form 31-E			
City	Sta te	Zip Code	Form (Cash, Check, etc.)
	ОН	1 [
Full Name of Contributor	٠,		
Street Address			M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH,		
Full Name of Contributor			
Street Address			M D Y Amount
		<u> </u>	
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
The above are employees of a unit or department under the direct supervision and control of			
of County Recorder . 1 hereby affirm that each contribution was voluntarily made.			
(Signature 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 form No. 31-G."			

\$150.00
Page Total \$_____