Page	1	4
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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			And the second s	Complete Com
Carl Reardon				
Street Address			M D Y	Amount
1869 Elmore Ave			0 4 1 8 1 2	\$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	And have the second of the sec
Columbus	ОН	43224	Check	
Full Name of Contributor				
Geoff Smith			Same to be determined to	
Street Address			M D Y	Amount
3578 Sunset Dr			0 4 2 4 1 2	\$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43221	Check	
Full Name of Contributor				a de la companya della companya della companya de la companya della companya dell
			w seed of house	Control of the Contro
Street Address			M D Y	Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)	The section of the section of
	OH			
Full Name of Contributor		- 		
Total Employee Contributions From Page 69				
Street Address Transferred to Form 31-E			M D Y	Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name of Contributor			ر و الآن الله الله الله الله الله الله الله الل	The state of the s
				ACC- 1 2 25 10 10 20
Street Address			M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	4.5
Full Name of Contributor	<u>, , , '</u>	1	Service Servic	
Street Address			M D Y	Amount
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)	
The above are employees of a unit or department under the direct super	rvision and control of D	aphne Hawk	, who currently h	olds the public office
of County Recorder I hereby affirm the	nat each contribution was	voluntarily made.		
	easurer or Deputy Treasure			

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."

\$150.00

Page Total \$