

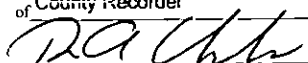
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Hawk				
Full Name of Contributor Carl Reardon				
Street Address 1869 Elmore Ave			M 0	D 4
City Columbus			Y 1	Amount \$50.00
State OH			Form (Cash, Check, etc.) Check	
Zip Code 43224				
Full Name of Contributor Geoff Smith				
Street Address 3578 Sunset Dr			M 0	D 4
City Columbus			Y 1	Amount \$100.00
State OH			Form (Cash, Check, etc.) Check	
Zip Code 43221				
Full Name of Contributor				
Street Address			M	D
City			Y	Amount
State OH			Form (Cash, Check, etc.)	
Zip Code				
Full Name of Contributor Total Employee Contributions From Page 69				
Street Address Transferred to Form 31-E			M	D
City			Y	Amount
State OH			Form (Cash, Check, etc.)	
Zip Code				
Full Name of Contributor				
Street Address			M	D
City			Y	Amount
State OH			Form (Cash, Check, etc.)	
Zip Code				
Full Name of Contributor				
Street Address			M	D
City			Y	Amount
State OH			Form (Cash, Check, etc.)	
Zip Code				

The above are employees of a unit or department under the direct supervision and control of Daphne Hawk, who currently holds the public office

of County Recorder, I 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 \$