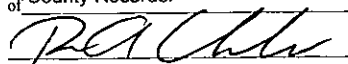


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Hawk			
Full Name of Contributor Eric Johnson			
Street Address 5635 Oliver St		M 0	D 8
City Columbus		Y 1	Amount \$25.00
State OH	Zip Code 43231	Form (Cash, Check, etc.) Check	
Full Name of Contributor Margaret Cumberland			
Street Address 4387 Winterringer St		M 0	D 8
City Hilliard		Y 1	Amount \$25.00
State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carl Reardon			
Street Address 1869 Elmore Ave		M 0	D 8
City Columbus		Y 1	Amount \$25.00
State OH	Zip Code 43224	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kent Trofholz			
Street Address 6767 Fleur Dr		M 0	D 8
City Westerville		Y 1	Amount \$100.00
State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Linda Slagle			
Street Address 600 Sheldon Ave		M 0	D 8
City Columbus		Y 1	Amount \$100.00
State OH	Zip Code 43207	Form (Cash, Check, etc.) Check	
Full Name of Contributor Geoff Smith			
Street Address 3578 Sunset Dr		M 0	D 8
City Columbus		Y 1	Amount \$50.00
State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	

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."

\$325.00

Page Total \$